

## **DOCTORAL THESIS**

### **Ways in Which Clinical Supervision Impacts Practice as an Experienced Counselling Psychologist: An Interpretative Phenomenological Analysis**

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Ways in Which Clinical Supervision  
Impacts Practice as an Experienced Counselling Psychologist:  
An Interpretative Phenomenological Analysis

by

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A thesis submitted in partial fulfilment of the requirements  
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## **ABSTRACT**

Clinical supervision is viewed as being an essential and integral part of both trainee and experienced therapists' development. The cultural shift towards Evidence Based Practice has led to increased practitioner accountability and a requirement to ensure that patients gain access to the best-available mental health care. Supervision is heralded as the vehicle through which best practice can be obtained and, as a result, a strong demand for more research to support supervision practice has emerged. Most of the existing research is based on trainees with very little attention given to the views of more experienced or 'expert' practitioners. This study aimed to explore ways in which clinical supervision impacts the practice of experienced Counselling Psychologists by asking seven experienced practitioners (with 7-31 years of post-accreditation experience) to describe how they see their lived experience of supervision as having helped or hindered their practice. Data were collected using open-ended semi-structured interviews and were analysed using Interpretative Phenomenological Analysis (IPA). Participants' experiences clustered into three superordinate themes: a) Factors which Help Supervisee; b) Factors which Hinder Supervisee; and c) Impact on Working with Clients. The empirical findings suggest that clinical supervision can have both a helpful and hindering impact on practice and that experience-levels play a significant role in determining the way in which learning in supervision is viewed and experienced, the attitude with which supervision is approached, and the expectations of the supervisory alliance. In particular, these experienced practitioners adopted an open, flexible, curious and sometimes humorous attitude towards learning in supervision, valuing supervisor flexibility and insight whilst deploring supervisor rigidity. Furthermore, these experienced practitioners did not express a need or desire for a mutually strong supervisory alliance in supervision. Rather, the analysis revealed a one-way need to be able to trust and respect the supervisor for his/her insight and expertise. Findings are discussed in relation to existing literature and research. In addition, questions are raised about the positivist approach to knowledge which underpins most supervision research and it is argued that a broader conceptualization of knowledge might serve to expand our understanding of this important phenomenon. Implications for counselling psychology and for further research are explored.

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## CHAPTER ONE: INTRODUCTION

The main purpose of this study is to explore ways in which clinical supervision impacts the practice of Counselling Psychologists. The empirical work asks experienced practitioners to describe how, if at all, they see their lived experience of clinical supervision as having helped or hindered their practice and the findings are discussed in relation to existing research in the field. In addition, the study raises questions about the largely positivist approach to scientific knowledge which underpins current conceptualizations of supervision and considers whether a more pluralistic understanding of knowledge is required in order to accommodate and appreciate the inherently uncertain and unknown relational aspects and tacit dimensions of this complex phenomenon. The researcher's interest in supervision developed during doctoral training at Roehampton University where attendance at supervision (both internal and external) forms an integral and mandatory part of the PsychD in counselling psychology programme. The researcher experienced both helpful and hindering aspects of supervision (see Appendix A for a personal reflection) which did not always align with the purported purposes and aims of supervision set out in the literature. These encounters, which marked a disjoint between the theory and experience of supervision for the researcher, sparked an interest to learn more about the lived experience of the phenomenon termed 'supervision' and its impact on practice.

The supervision literature is a vast and often perplexing field of information containing numerous attempts to define and explain the phenomenon of supervision through metaphors, theoretical constructs and models of supervision (as reviewed by Bernard & Goodyear, 2009). Various attempts to capture and define clinical supervision (used interchangeably with the term 'supervision') have been made within the helping professions in both the US and the UK (e.g. Inskipp & Proctor, 2001; Bernard & Goodyear, 2009; Milne, 2007). One of the most widely accepted definitions within the therapeutic world is put forward by Bernard & Goodyear who state that:

'Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship

- Is evaluative and hierarchical,
- Extends over time, and
- Has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to the clients that she, he

or they see; and serving as a gatekeeper for those who are to enter the particular profession.’ (Bernard & Goodyear, 2009).

Another well documented definition of supervision is put forward by Inskipp & Proctor (2001) who describe it as ‘a working alliance between the supervisor and counsellor in which the counsellor can offer an account or recording of his/her work; reflect on it; receive feedback and where appropriate, guidance. The object of this alliance is to enable the counsellor to gain in ethical competence, confidence, compassion and creativity in order to give his/her best possible services to the client’ (p.1). In Proctor’s (1986) Interactive Model of Supervision, three functions of supervision are outlined as ‘formative’ (learning aspects – developing supervisee skills, ability and understanding through reflective practice); ‘restorative’ (support – supporting the emotional responses of supervisees to the work); and ‘normative’ (accountability – maintaining and ensuring the effectiveness of the supervisee’s work).

Most definitions attempt to capture the monitoring, evaluative and educative functions of the process (Hawkins & Shohet, 2006) and highlight supervision’s aim to promote best practice in the interest of the client (BPS Guidelines on Supervision, 2007). However, reviews of these definitions have found them to be problematic (e.g. Lyth, 2000; Hansebo & Kihlgren, 2004), failing to provide clarity and/or take into account important features of the experience such as the supervisory relationship (Milne, 2009, p.10). This confusion is reflected in practice where surveys of practitioners within the helping professions reveal that there is a lack of clarity and consensus over the nature and purposes of supervision (Lister & Crisp, 2005). Furthermore, as Carroll (2007) points out, supervision has evolved to mean different things through history and ‘it is not easy to freeze supervision and capture it in words that last forever’ (p. 35).

It is similarly difficult to achieve clear consensus around how learning through reflecting on experience actually takes place in supervision. Neighbouring bodies of knowledge found in the staff development literature (e.g. Goldstein, 1993; Colquitt et al, 2000) and adult learning theory (e.g. Kolb, 1984; Schon, 1983; Marquardt & Waddill, 2004) are drawn upon in order to help practitioners to conceptualize human learning within supervision. Generally speaking, a constructivist approach to learning is adopted across the supervision literature, where it is assumed that learning is a collaborative process, constructed between supervisor and supervisee, with both individuals taking an active part in the learning process. However the intricacies of this meaning-making process remain largely unknown and what we do know about how people learn is largely inferred (Cronback, 1977; Knowles, 1990). An expanding discourse surrounding this ‘problem’ of the unknown in

learning from experience is gaining momentum in the psychotherapeutic literature with an acknowledgement that ‘...learning from experience is incomplete, something remains always beyond knowing becoming lost in translation and defying transformation from experience to knowing perhaps thus remaining unknowable’ (Cayne & Lowenthal, 2007, p. 376).

In summary, a clear and universally accepted definition of supervision has proved difficult to obtain. While definitions are useful as they provide practitioners with a sense of the aims and purpose of supervision, certain aspects of the supervisory process remain unknown and are therefore difficult to capture in a definition.

### *Supervision background and current context*

The general concept of supervision dates back centuries and forms the foundation of the widespread apprenticeship approach to acquiring knowledge and skill, where a trade or profession is learned from a more skilled practitioner. In the therapeutic arena, clinical supervision has been practised for well over a century, starting in the early days of Freud, where small groups gathered informally to discuss and review each other’s clients, and it has evolved and developed substantially over the interim years in line with developments and expansions of counselling and psychotherapy orientations more generally. Supervision was initially allied closely to the therapeutic approaches within which it was practiced, often appearing as an extension of therapy itself. However, during the 1970s, supervision became recognized as an educative process and an important shift from therapy-based understandings of supervision to educative-based understandings of supervision took place. Over the past four decades, and initially driven by research and practice developed in the United States, and more recently in the UK, numerous models of supervision have emerged (Bernard & Goodyear, 2009), reflecting the different ‘phases’ in the historical development of supervision (e.g. *psychodynamic models*: Bordin, 1993; *counselling models*, Holloway, 1992; *developmental models*, Loganbill et al, 1982; *systems models*: Holloway, 1995; *competency based approaches*: Falender & Shafranske, 2008) and attempts to integrate the strengths of different models have been made (e.g. Carroll, 1996; Milne, 2009). Reflected in these models are different and evolving understandings about how knowledge is acquired and transferred, for example through ‘expert’ input from a relatively uninvolved supervisor (e.g. in supervisee-centred Psychodynamic supervision – see Frawley-O’Dea & Sarnat, 2001) or through the process of reflective practice (e.g. in reflective models of supervision – see Kagan, 1976).



Over the last decade, the importance of supervision has grown rapidly due, in part, to the cultural shift towards Evidence Based Practice, increased practitioner accountability and to the roll out of government initiatives such as Improving Access to Psychological Therapies (IAPT) where, within National Health Services, huge efforts are made to ensure patients gain access to the best-available mental health care (Milne, 2009). Regular, accessible clinical supervision is seen as a reliable way to 'ensure a high quality of practice' and to 'encourage reflective practice' (Department of Health, 2004, p.35). It has become widely recognized as playing a vital role in the professional development of practitioners and in promoting best practice in the interest of the client (Falender & Shafranske, 2004), and is often perceived as the main influence on clinical practice amongst qualified staff and their trainees (Lucock, Hall & Noble, 2006). Whether counselling psychologists are working in private practice (where BPS Professional Practice Guidelines state that it is 'an ethical requirement for every practitioner to have regular supervision support') or within the NHS (where there is an explicit reference to the use of supervision to ensure quality of therapeutic delivery (Fleming & Steen, 2012, p.3), supervision is becoming an integral part of ongoing Continual Professional Development (CPD). The result has been an increased demand for trained supervisors. While historically practitioners gained supervisory status by virtue of experience and seniority alone, nowadays increasingly supervisors are required to undertake specialized professional training in supervision in order to become registered as recognized, accredited supervisors, evidenced by the BPS Register of Applied Psychology Practice Supervisors or RAPPS introduced in 2009.

Supervision models are useful in helping practitioners to think about the purpose, aims and objectives of supervision and provide structures for conceptualizing the supervisory process together with theoretical underpinnings upon which to base practice and supervision teaching/training. However, despite these valuable contributions, researchers and practitioners in the field have identified that researching, defining and conceptualizing supervision remains problematic (Milne, 2009) and that very often the theories of supervision do not accurately capture what actually occurs in supervision, creating a science and practice divide (Ellis, 2010). These shortcomings are reflected in the researcher's personal experience of supervision, where confusion and gaps exist between the conceptual frameworks of supervision and the experience of supervision, making it difficult to understand *how* and *what* is actually learned in supervision and to decipher aspects of the experience which help or hinder development and practice.

### *Supervision Research*

The universally accepted importance of supervision and the demand for effective, evidence-based supervision training, coupled with the recognition that supervision is an inherently difficult phenomenon to define and conceptualize has created a demand for further research to try and bridge the theory/practice divide and to provide, amongst other things, evidence that supervision is indeed a useful and worthwhile activity. On the whole, it is deemed that there is relatively little substantial research evidence that demonstrates the value of supervision (Wheeler, 2003) or how necessary or effective it is (Proctor, 2002; Feltham, 2002; Lawton & Feltham, 2000). A systematic scoping search on research into supervision in the helping professions was conducted in 2003 (Wheeler, 2003). In addition there have been numerous reviews of supervision research over recent years (e.g. Hansen, Robins & Grimes, 1982; Laambert & Ogles, 1997; Guest & Beutler, 1998; Kilminster & Jolly, 2000; Milne & James, 2000; Freitas, 2002; Wheeler & Richards, 2007; Milne, Sheikh, Pattison & Wilkinson, 2011). The general conclusion from these studies is that various aspects of supervision, the supervisor, or the relationship with the supervisee have an effect on the supervisee and their understanding of the process of therapy and practice with their clients (Wheeler & Richards, 2007) though it is difficult to draw from these reviews and studies any clear conclusions, particularly in relation to the impact supervision has on clinical practice and client outcome. Furthermore, the reliability of results and conclusions drawn from these studies have faced criticism due to poor research methodology design and quality (Ellis & Ladany, 1997).

In response to these criticisms and in an attempt to demonstrate the efficacy of supervision, researchers are increasingly looking to test models of supervision against a set of pre-determined criteria in a quest to evaluate and objectively decide which models are 'better' than others at capturing the elements required to explain how supervision should be practiced (Milne, 2009). One of the ultimate aims is to create an empirically supported conceptualization of supervision which can then be manualized, allowing practitioners and researchers to see exactly how the model might be applied in a uniform, standardized fashion within and across clinical settings. A current example of this trend within IAPT is the development of competence frameworks for supervision (Roth & Pilling, 2008) where both expert consensus and research are used to inform the choice of competencies deemed necessary for effective supervision. Supervisors can be measured and evaluated against this set of pre-determined criteria in order to assess their competence and effectiveness, as part of the overall effort to monitor and ensure 'best practice'.

It should be noted that the approach to supervision research described above is largely positioned within a logical positivist epistemology which underpins the scientist-practitioner model of psychology more generally, and where it is assumed that an objective reality exists that can be observed by researchers (Kidder & Fine, 1997). In positivist research, the researcher is concerned with discovering an objective reality through scientific modes of enquiry such as experiments and surveys, using quantitative data. In the supervision literature, this means that a significant portion of the cited research employs quantitative methods and many attempts to create a logical, deductive system of interconnected definitions, axioms and 'laws' around supervision (manifest in the model conceptualizations of effective supervision), which can be objectively tested against a set of hypotheses, have been put forward in the quest to capture the phenomenon in these terms. The benchmark for 'good evidence' within this positivist paradigm, is the extent to which the models can be empirically tested and observations can be repeated. Whilst this atomized approach to supervision may move us towards the security of a standardized conceptual framing of supervision it may, inadvertently, move us further away from understanding the actual lived, interactive experience of supervision which is perhaps far more 'messy', undefinable and uncertain than we would like to accept. Supervision is essentially a relational, interpersonal exchange and it has been claimed that psychological phenomena (which are arguably an intrinsic part of supervision) are far too complex to be adequately captured using positivist scientific methods (Harari, 2001; Wampold, 2001) leading to calls to adopt an expanded view of what constitutes valuable evidence in psychological research (Chwalisz, 2003).

It should also be noted that most of the supervision research to date has taken place in the United States (see Bradley & Ladany 2001 for a summary, and Wheeler 2003 for a review) where supervision is not a career-long requirement and where supervisees are typically new or trainee therapists. It has been suggested that making cross-cultural comparisons may not be helpful to practitioners in the UK (West & Clark, 2004) and that the findings may not be applicable to more experienced practitioners. As Bailey (2012) states, 'what is relevant to the apprentice may not have the same relevance for the more experienced practitioner' (p31), making the existing models of supervision (which are largely linked to research with trainees) less applicable to this group. While research in Britain is gaining momentum (Lawton & Feltham, 2000), the focus of the research is predominately on the attributes or competencies required of the supervisor with relatively little focus being given to the experience of supervision from the supervisees' perspective (exceptions include Power, 2001; Webb, 2000; Lawton, 2000; West 2000). There is a dearth of research from the

*experienced* supervisee's perspective, and (at time of writing) no research was found to relate specifically to the views of Counselling Psychologists.

### *Rationale and aims of study*

The empirical aspect of this research addresses a gap in the supervision research identified above, by giving voice to a vastly under-represented group of British *experienced* counselling psychology practitioners, (as opposed to American trainees). The study adopts a phenomenological approach to the research question and aims to focus on the lived experience of supervision from the supervisee's perspective. Supervision is largely a relational experience and the researcher has opted to conduct research that mirrors the holistic and relational qualities of supervision where an exchange between two people (the research couple) reflects a dynamic not dissimilar to the supervision dyad. Milne states that 'as is often the case with a developing field, prescriptions and exhortations tend to dominate, whereas data regarding what actually happens tend to be scarce' (Milne, 2009 p135). This research provides an in depth analysis of participants' direct accounts of the ways in which experienced Counselling Psychologists understand their real lived experience of supervision to have helped or hindered their practice. The aim is to identify ways in which supervision impacts the practice of Counselling Psychologists and to shed light on whether the lived experience of supervision links with the aims, objectives and conceptualizations of supervision identified in the literature. The study also raises questions about the way knowledge is approached in the supervision literature and highlights the importance of adopting a pluralistic approach to research in order that our understanding of supervision does not become dominated by a single, positivist discourse.

## **CHAPTER TWO: LITERATURE REVIEW**

This chapter aims to expand on topics mentioned in the Introduction by providing the reader with an overview of some of the key approaches to supervision found in the literature and presenting a review of extant research findings with particular focus on studies which relate to the question of how supervision impacts practice in order to contextualize the current study's contribution to knowledge.

### ***Ways of Theorizing About Supervision***

Large volumes of models reflect the various ways that supervision is conceptualized across (and within) theoretical orientations, clinical contexts and the professional areas within which it is practiced (including nursing, psychotherapy, counselling and psychology). For the purpose of this chapter, a small selection of the different models of supervision, drawn from different professional areas, but most frequently referred to within the therapeutic field have been chosen for further discussion as they provide the reader with a sample of the most common conceptualizations found in the literature. The aim is not to review and compare these models in detail but, rather, to offer a restricted sample of some of the most influential depictions and lenses through which supervision is viewed. The approaches can be crudely grouped under the following headings: 1) Therapy-based 2) Developmental 3) Supervision-specific and 4) Competency-based.

#### ***Therapy-based approaches***

Therapy-based approaches to supervision view supervision as a natural extension of the therapy itself, where the knowledge, theory and techniques derived from a specific orientation are used to inform and guide supervision practice and where an analogy is drawn between the critical assumptions and practices of both therapy and supervision (Milne, 2009, p. 28). Underlying therapy-based approaches is the notion that 'if one were a skilled analyst, one would be able to do skilled supervision' (Dewald, 1997, p. 41). Therapy-specific approaches have emerged in most therapeutic orientations (reviewed by Milne, 2009) including Psychodynamic and CBT. In relational psychodynamic theory, for example, relationships are considered central to the structuring of the mind and this is reflected in the corresponding supervision literature where the client, therapist and supervisor are viewed as co-creators of two reciprocally influential relationships – the clinical relationship and the supervisory relationship (Frawley-O'Dea, 2003). Concepts of transference,

countertransference and parallel process are addressed in both therapy and supervision. Similarly, in CBT supervision, clear links between the therapeutic orientation and supervision are apparent in terms of their shared approach to the collaborative relationship, mood-checks, agenda and homework setting (see Watkins, 1997) which occur in both therapy and supervision practice.

There can be benefits to model-specific supervision as there is consistency and perhaps greater coherence in the work when supervisee and supervisor are working in the same modality, (Green in Fleming & Steen, 2009, p. 63). However, there is a broader debate in the literature around whether the essence of good supervision is consistent across, and irrespective of, modalities (the Dodo verdict), and as therapists adopt more integrative approaches to therapy, the argument for model-specific approaches may be increasingly difficult to uphold.

#### *Developmental approaches*

Developmental approaches to supervision include a variety of models which can differ quite substantially in their focus (as reviewed by Bernard & Goodyear, 2009). However, they are mostly unified in their aim to describe the role of supervision in negotiating the complex transition that takes place as practitioners move from novice to expert or, more specifically, from inexperienced supervisee to competent clinician (Whiting, Bradley & Planny, 2001). They share the assumption that supervisees develop competence through a series of progressive stages which present different development needs at different times, and which require the supervisor to be responsive to these needs, adjusting their supervisory focus accordingly, helping the supervisee to advance through the different stages. The Integrated Developmental Model (IDM see Stoltenberg, McNeil, & Delworth, 1998) is perhaps one of the most well-known and researched developmental models which identifies four levels of therapist development, starting with Level 1 (which typically relates to entry-level students who are high in both motivation and anxiety, dependent on supervisors for guidance and advice and fearful of evaluation), moving through Level 2 (where increased knowledge and experience allows the supervisee to focus more on the client but where motivation and autonomy may fluctuate) and Level 3 (where supervisees are able to balance the client's perspective whilst maintaining self-awareness, stable motivation and increased autonomy) to Level 4 (where the supervisee has developed a personalized and integrated practice across multiple 'domains' including therapeutic interventions and assessment techniques). The supervisor's role is to respond to the supervisee's developmental needs by, for example, providing more structure and containment

during Level 1 and reducing these offerings in favour of encouraging supervisee autonomy and monitoring consistency in performance in later levels.

Most developmental models, (such as the IDM outlined above) focus on development during the period of post-graduate and work-placement training and do not address ongoing development post qualification. However, an exception to this trend is the Ronnestad & Skovholt Model which takes a life-span approach to supervision, describing six phases and 14 themes of therapist development across time (Ronnestad & Skovholt, 2003). This model, which is based on qualitative interview data with 100 counsellors and therapists, is unique in its attempt to explain the development of practitioners over the course of the lifespan, identifying characteristics of development well beyond training and early career. In particular, Phase 5 and 6 of this model (labelled as 'The Experienced Professional Phase' and 'The Senior Professional Phase' respectively), reflect what Woskett & Page (2001) have labelled an *unlearning* phase in therapist development, where therapists develop their own authentic working style which is congruent with their own values, interests and personalities. The importance of the therapeutic relationship is seen as taking precedence as the key to client change and the techniques employed in therapy are used in flexible and personalized ways. It is postulated that the therapists in these latter phases have learned that it is impossible to have clear answers to situations that they encounter and have developed their capacity to fully engage with clients when necessary, and to let them go once therapy has ended. The implications that this model has for supervisors has not been comprehensively examined or articulated and research into this, and development models more generally, is limited (Bernard & Goodyear, 2009). However, and bearing in mind the increased focus on the importance of Continual Professional Development for psychologists, an understanding of the changing needs/interests of therapists across the lifespan together with suggestions on how best to address/respond to them is a worthwhile area of investigation for supervision researchers.

### *Supervision-specific*

Supervision-specific models tend to focus on the different roles that supervisors can adopt in supervision and the different tasks or foci that should be attended to in supervision. They provide frameworks or practical schemes for organizing supervision and are derived largely from expert consensus on what is important in supervision as opposed to drawing on theoretical bases or empirical research. For example, in Bernard's Discrimination Model (Bernard, 1997; Luke & Bernard, 2006), three separate foci are identified for supervision (i.e. intervention, conceptualization and

personalization) and three supervisory roles are noted (i.e. teacher, counsellor and consultant). There are nine different ways in which the supervisor could be responding to the supervisee at any given moment (three roles x three foci) and the idea is that the supervisor's role and foci should change both within and across supervision sessions, depending on the individual needs of the supervisee at that particular time (Bernard & Goodyear, 2009). In Holloway's (1997) Systems Approach to Supervision (SAS), these ideas are expanded to incorporate five functions of supervision (Advising/instructing, Supporting/sharing, Consulting, Modelling and Monitoring/evaluating) and five tasks of supervision (counselling skills, case conceptualization, emotional awareness, professional role and evaluation). These functions and tasks of supervision are set within a framework that includes a total of seven components. A comprehensive account of the interrelationships between and among the key components is offered and the complexity of the process is demonstrated. These concrete depictions of the phenomenon of supervision offer a significant contribution to the literature. However, they do not comprehensively explain how functions are achieved and how the process of learning and the transfer of knowledge takes place within these frameworks.

### *Competency-based*

Increasingly, in both the US and the UK, there is a move towards competency-based approaches to supervision (e.g. see Falender & Shafranske, 2008; Roth & Pilling, 2008). Competency-based supervision is defined as: 'an approach that explicitly identifies the knowledge, skills and values that are assembled to form a clinical competency and develops learning strategies and evaluation procedures to meet criterion-referenced competence standards in keeping with evidence-based practices and requirements of the local clinical setting' (Falender & Shafranske, 2008, p. 233). Largely driven by a demand for evidence based practice and a greater emphasis on consumer protection and quality assurance in the field of psychological therapies, competency-based practices claim to 'provide design, monitoring and evaluation of supervisee development and supervision outcomes as well as a prototype for assessing competency throughout a psychologist's career' (Falender & Shafranske, 2008, p. 3). An example of this approach is found within IAPT, where both Generic and Specific Supervision Competences have been identified, and are used to inform practice and training (Roth & Pilling, 2008). Such approaches to clinical supervision can be criticised for their focus on outcomes as opposed to process and for reducing an essentially relational exchange into a series of technical 'atoms' of behaviour (Beckett, 2004). However, advocates of the approach suggest that the competency framework lends itself to a more evidence-based approach to



supervision where an educational system can be implemented and evaluated more readily (Milne & Westerman, 2001).

In summary, there are different approaches to understanding the phenomenon of supervision in the literature. Each approach has strengths and limitations but together they can provide a framework for practitioners to make sense of their practice in much the same way that therapeutic approaches can help practitioners to make sense of client material. They provide a sense of certainty around a practice which is an inherently complex human interaction and can relieve anxiety by creating a sense of clarity and safety. Knowledge of the different approaches to supervision, for example, allowed the researcher to place some of the anxiety-provoking elements of her own supervision experience within a particular context and to attribute the seemingly distant characteristics of the supervisor's behaviour to the psychoanalytic, therapy-based approach to supervision within which she worked. The models can help to create meaning around experience.

### ***Supervision and Practice***

Much research into supervision has been published over the years. A large portion of this research has been undertaken in the United States where supervision is not a career-long requirement and where most studies are based on data using trainees (taken largely from counselling, psychotherapy and psychology programs). In 2003, the BACP commissioned a scoping systematic search on research relating to the supervision of counsellors and psychotherapists reported in the English language, which aimed to provide a broad overview of supervision research. It funnelled from thousands of articles to include 373 articles or chapters in books and revealed a wide range of research areas relating to supervision. These areas were categorized under various headings including: models of supervision; experiences of supervision; the supervisory relationship; events in supervision; the process of supervision; ethical issues in supervision; supervision of trainees; supervision of experienced practitioners; training of supervisors; supervision mode; cross-cultural issues in supervision; effectiveness of supervision; roles, tasks and functions of supervision; supervision of other professionals; gender and sexual orientation issues in supervision; and characteristics of the supervisor (Wheeler, 2003). This review is mentioned in order to demonstrate the breadth of supervision-related research that has been conducted over the years.

Since this review, and with the increased drive towards evidence-based practice in both the US and the UK, together with the emergence of government initiatives in this country such as IAPT, a strong

demand for more rigorous and relevant research to support supervision practice has emerged. Key aims of this more recent research are to create both consensus around the phenomenon of supervision, (identifying what it actually *is*), through a conceptual model which can be tested and manualized for practice (Milne, 2009 p. 49), and to identify the supervisor skills, techniques and behaviours that facilitate supervisee growth (Ladany, Mori & Mehr, 2012) in order to provide empirical support for effective supervision which minimizes instances of harmful supervision (Ellis, 2001; Gray, Ladany, Walker & Ancis, 2001; Ladany, Lehrman-Waterman, Molinaro & Wogast, 1999; Nelson & Friedlander, 2001), informs supervisor training, and ensures best practice in the interest of the client.

#### *Findings from a recent systematic review*

A well-cited systematic review of the impact of supervision on practice (Wheeler & Richards, 2007) looked at results from 18 studies (14 undertaken in the US; 2 each in Sweden and the UK). It found supervision to impact various aspects of practice relating to both the personal professional development of the supervisee and their work with clients. The authors categorized the various aspects in terms of: self-awareness; skills; self-efficacy; timing and frequency of supervision; theoretical orientation; support; and outcome for the client. A brief synopsis of a selection of the findings relating to these aspects of practice is offered here, starting with *self-awareness* which was shown to be enhanced through supervision with supervisees reporting themselves as more aware of their own motivations and dynamics, less concerned about their performance during therapy sessions and less dependent on their supervisors for direction and support as a result of receiving supervision (Borders, 1990). Furthermore, research found that through the parallel process of supervision, supervisees became more comfortable working with negative transference feelings in therapy and gained deeper awareness of their emotional responses to clients (Raichelson, Herron, Primavera, & Ramirez, 1997). It was revealed that supervisees reported a more consistent application of the *skills* and knowledge acquired in supervision, reporting, amongst other things, an enhanced ability to conceptualize and intervene when working with clients (Worthen & McNeill, 1996) and an improved ability to manage key aspects of the psychotherapeutic process (Ogren & Jonsson, 2003). It has been claimed that *self-efficacy* beliefs are the 'primary causal determinant of effective counselling action' (Larson & Daniels, 1998, p. 180) and research from this review indicated, amongst other things, that supervisees receiving supervision reported higher estimates of self-efficacy when compared to those not receiving supervision (Cashwell & Dooley, 2001). Studies which examined the *timing and frequency* of supervision found that the content of supervision

altered depending on whether supervision was held on the same day as counselling (where content focussed on planning for upcoming counselling session) or the day before (where content focusses on conceptual material taught by the supervisor) (Couchon & Bernard, 1984). Finally, there was evidence that the *theoretical orientation* and values of supervisees was affected by early experiences of supervision (Guest & Beutler, 1988), that the *support* offered in supervision facilitated supervisee development particularly when there was a focus on the relationship (Strozier, Kivlighan & Thoreson, 1993) and that supervision may have a positive impact on client outcome (Vallance, 2004; Milne, Pilkington, Gracie & James, 2003). The overall quality of evidence found in these (mostly) quantitative, qualitative and mixed-methods studies was deemed variable due to methodological difficulties, and the majority of participants in the studies were trainees, but the review concluded that supervision consistently demonstrated to have some positive impacts on the supervisee and aspects of practice. The findings from this review mirror other work in the field where supervision has been shown to play a significant role in the development of counsellor's perceived self-efficacy (Koob, 2002; Briggs, 2005) as well as in the development of competencies (i.e. the relevant knowledge, skills and attitudes) that affect practice, (Kaslow, 2004) and proficiency in therapeutic procedures (Holloway & Neufeldt, 1995).

*Findings from research looking at supervisees' views on what constitutes 'good' or 'bad' supervision*

Much supervision research has tried to identify what constitutes 'good' (helpful/effective) or 'bad' (hindering/ineffective) supervision and the subsequent impact on practice is often inferred from the findings. A variety of characteristics have become associated with 'good' supervision (Falender & Shafranske, 2004 p. 37-58), largely drawn from research looking at supervisees' image of the 'ideal supervisor' (reviewed by Carifio & Hess, 1987); the extent to which supervision consisted of good vs bad events (Worthen & McNeil, 1996); best versus worst sessions (Martin, Goodyear & Newton, 1987); best versus worse experiences (Allen, Szollos & Williams, 1986); successful versus unsuccessful supervision (Tracey & Sherry, 1993); and supervision critical incident-based research (Ellis, 1991; Ladany, Friedlander & Nelson, 2005; Wong, Wong & Ishiyama, 2012; Breese, Boon & Milne, 2012). Supervisor characteristics including empathy, respect, genuineness, concreteness, and self-disclosure as well as self-knowledge, tolerance and superior ability are viewed as important qualities of ideal supervisors (Carifio & Hess, 1987). The skills, techniques and behaviors of effective supervisors have been found to include those which encourage autonomy, strengthen the supervisory relationship, demonstrate expert clinical knowledge, provide constructive challenge, offer feedback and reinforcement and facilitate open discussion. (Ladany, Mori & Mehr, 2012).

Many studies have shown the supervisory relationship to be a critical component (Worthen & McNeil, 1996; Efstation et al, 1990; Magnuson et al, 2000; Ladany et al, 2012) of good supervision. This relationship has been shown to develop over time (Efstation et al, 1990) and to be of prime importance in predicting enhancements of working patterns arising from supervision. In a well-documented qualitative study conducted by Worthen & McNeil (1996), eight American intermediate-level to advanced-level trainees were interviewed about a recent good supervision experience. The supervisory relationship was cited by all supervisees as being a crucial and pivotal component of good supervision. Specifically it was important that the relationship was one that conveyed an attitude of empathy, a non-judgemental stance toward supervisees, a sense of validation or affirmation and encouragement to explore and experiment. A more recent qualitative study (Weeks, 2002) built on this work and interviewed 9 experienced British counsellors about their experiences of 'good supervision' and similarly found the relationship to be the key to the experience of good supervision, emphasizing the need for safety, equality and challenge within the relationship. These findings were reinforced by Ladany (2012) who reported that supervisors who strengthened the supervisory relationship through support, encouragement, acceptance, respect, trust, empathy and open-mindedness were viewed by supervisees as effective.

Studies looking at 'bad' supervision, or hindering experiences in supervision are relatively scarce compared to those investigating 'good' supervision. However, the existing papers have identified a number of characteristics (not always the opposite of 'good' supervision) which can lead to problematic supervision. Kadushin (1968) described a series of interactional patterns or 'games' prototypic of 'bad' supervision. These 'games' were manifest in maladaptive behaviour patterns which were established between supervisor and supervisee resulting in boundary crossing and potential relationship breakdown. Studies of 'worst' supervisors have also shed light on supervisees' perceptions of 'bad' supervision. Magnuson, Wilcoxon & Norem (2000) interviewed 11 American supervisees and asked them about their experiences of less productive or non-productive supervision. In their results they described 6 overarching principles of 'lousy supervision' including, for example, unbalanced supervision; developmentally inappropriate supervision; intolerance of differences in supervision and poor modelling of professional and personal attributes in supervision. Other studies investigating trainees' negative supervision experiences found that supervisors were consistently described as rigid, critical, inflexible (e.g. Hutt, Scott & King, 1983) and inattentive or dismissing of supervisees' thoughts and feelings (e.g. Gray, Ladany, Walker & Ancis, 2001). The most significant aspect of 'worst' supervision experiences was found to be a poor relationship and in

particular a lack of trust where supervisees report feeling mistrusted by their supervisors. In Ladany et al's (2012) study supervisors who (amongst other things) depreciated supervision, performed ineffective client conceptualization & treatment, weakened the supervisory relationship (through humiliation, distrust, lack of support/respect, lack of understanding of supervisee's feelings, etc), demonstrated insufficient knowledge and skill and were overly focused on critical/negative evaluation, were deemed ineffective by supervisees.

*Linking findings from 'good' and 'bad' supervision research to impact on practice*

Making the link between supervisees' perceptions of 'good' supervision and the impact it has on practice is not straightforward and connections are often implied by the researchers conducting the study. In the Worthen & McNeil (1996) study, for example, the authors report on 6 identifiable 'themes' which emerge as outcomes of good supervision. These include a strengthening and affirming of supervisee confidence; an increased ability to see greater complexity in the issues being faced; an increased ability to conceptualize client issues and intervene with a greater sense of efficacy; a positive anticipation to reengage in previous struggles with clients; a strengthened supervisory alliance and an increased impetus for continued professional identity development. The link between what is experienced as good supervision and its impact on practice is not always made explicitly clear in the cited studies.

Similarly, research into supervisee's experiences or perceptions of 'bad' supervision offers important insight into the sorts of events or experiences supervisees have found unhelpful and the prevalence of inadequate and harmful supervision is alarmingly high (Ellis, Siembor, Swords, Morere & Blanco, 2008; Ellis, Swords, Blanco, Morere, Siembor & DelTosta, 2009). However, as with studies looking at 'good' supervision, the impact that these events have on practice is often implied from the findings. Very few studies have incorporated supervisees' direct reports on the outcomes of bad supervision. An exception to this is Gray et al's (2001) research into the responses of 13 American trainees' experiences of counterproductive events in supervision. This study found the consequences of negative experiences included a decline in the trainees' self-efficacy, a weakened supervisory relationship (leading to a change in the way they approached their supervision by, for example, telling the supervisor what s/he wanted to hear or treading more lightly in supervision) and, importantly, a perceived negative influence on the therapeutic process and outcome. Expanding on this latter point, trainees believed the negative experience led them to change their approach to treatment or limited their ability to work with clients and described cases of parallel process where

they behaved towards their clients in a similar way to how their supervisors had behaved towards them.

#### *Findings from Research Looking at Client Outcome*

Few studies in the literature have investigated the impact of supervision on client outcome yet this is a vital component of clinical practice and links directly to one of the key aims of supervision which is to promote best practice in the interest of the client. In a review of two decades of research in this area, Freitas (2002) highlights the inherent complexities and methodological difficulties in studying this topic. He stresses the intimate link between client outcome research and research on therapy outcome and quotes Lambert & Arnold's (1987) assertion that 'research on the effects of supervision is linked to research on psychotherapy outcome and will not progress faster than knowledge about the effective ingredients of psychotherapy' (p. 222). Despite this difficulty, a few studies have claimed to demonstrate that supervision can positively impact client outcome.

A quantitative Australian study (Bambling et al, 2006), for example, found that supervision of qualified CBT therapists led to better client outcomes with 67% of clients in a supervised therapy condition achieving clinical remission from depression compared with 47% of those in an unsupervised clinical condition. The study also reported that clients in supervised conditions were less likely to drop out of therapy. Orlinsky & Ronnestad (2005) reported other benefits of supervision on client outcome and found that total years of formal supervision correlates quite strongly with experiencing healing involvement with clients. A further qualitative study by Vallence (2004) explored 13 counsellors' experiences of how supervision impacts their clients. Participants were British counsellors ranging in experience from newly qualified to long-term practitioners. The study found a number of areas where supervision had a direct impact on client work. The exploration of client-counsellor dynamics and the raising of counsellor self-awareness that took place in supervision were together found to lead directly to increased confidence, congruence, focus, freedom and safety in the client work. It was found that the increased congruence and confidence in turn led to the development of challenge, creativity, contracting, assessment, ethical awareness and judgement and more directive working with clients.

In summary, research looking at the impact of supervision on practice is relatively scarce and although there is an abundance of research identifying 'good' and/or 'bad' supervision, the impact on practice is often implied rather than empirically supported and participants are rarely asked the

question directly. As stated in the Introduction Chapter, there is very limited research looking at experienced supervisee's accounts and the research is heavily skewed towards the views of North American trainees. Within the existing research, there is a bias towards quantitative methodologies and the self-report measures that are often used have been criticised as participants may confuse 'pleasurable' supervision with effective or 'good' supervision (Everett & Worthington, 2006). There is no research found that directly addresses some of the ways in which supervision impacts the practice of Counselling Psychologists who appear to be underrepresented in the dialogue. The current study, therefore, contributes to existing research by asking experienced Counselling Psychologist supervisees directly about how they see their experience of supervision as having helped and/or hindered their practice.

### **CHAPTER THREE: METHODOLOGY**

This research employed Interpretative Phenomenological Analysis or IPA (Smith, 2008) which is a qualitative method to investigate the research question. Data was gathered using semi-structured interviews which were transcribed and analysed following methodological procedures outlined by Smith, Flowers & Larkin (2009). This process is outlined in detail under the Method section of this chapter.

The researcher's ultimate decision to use a qualitative mode of inquiry, and specifically IPA, was arrived at following an extensive period of exploration and reflection on the research question as well as the researcher's world view and the underlying ontological, epistemological and methodological assumptions that she brought to the research question. The decision was also arrived at following consideration of the audience for whom this paper may be of interest and the call for advances in methodological diversification and expansion in psychological research which has, traditionally, been dominated by quantitative modes of inquiry set within a positivist paradigm (Ponterotto, 2005). Each of these influences is briefly discussed below with greatest emphasis on the section relating to 'the nature of the research question and the knowledge sought' as this section incorporates a brief discussion of the philosophical underpinnings of IPA.

#### **The Researcher's Worldview**

The field of Psychology has traditionally been (and in many ways continues to be) dominated by positivist themes including, for example, the notion that the individual mind exists as an object of investigation; that there is an objectively knowable world; and that language acts as the carrier of 'truth' (Morrow, 2008). These prevailing ontological and epistemological assumptions have led to research traditions where quantitative deductive empirical methods (such as experiments and surveys), which aim to discover and measure the objectively knowable world, are employed to explain and 'prove' certain claims within the field. Researchers seek, for example, to answer questions such as 'why' or 'whether' one mode of treatment is more effective than another, or why one supervision model might be superior to another using hypothesis-testing as a way to prove or disprove a theoretical claim. The assumption is that the researcher is a detached and objective outsider, looking in and obtaining hard data to analyse (Finlay, 2011). Very often, this need to prove or disprove a claim is further driven by a requirement for the field of Psychology to gain credibility, status and legitimacy within the broader medical world. Funding for therapeutic treatments is granted once sufficient evidence has been gathered to 'prove' their worth, demonstrated through



‘scientific’ evidence-based trials and experiments, where data includes rigorous measurements of observable behaviours that can be quantifiably assessed. There is no doubt that quantitative outcome studies have gained the therapeutic field status in a world that is largely dominated by the medical model and have contributed a great deal to the field of Psychology generally and to our understanding of clinical supervision more specifically. However, for many professionals in the field, and particularly for the current researcher, there is a growing acknowledgement of the limitations of quantitative research and a questioning of the claim that it is possible to produce objective, reliable knowledge within the social sciences (Danziger, 1990; Sherrard, 1998). Qualitative research, based on a different world view has as much, and in some cases, more to offer the field particularly when the aim of the research is to illuminate and gain understanding of the less tangible meanings and nuances of our social world and life experiences (Finlay, 2011).

Qualitative research recognizes that Psychology is a human science as opposed to a natural science and is oriented towards the exploration and understanding of meaning and subjective interpretation of life experience as opposed to the direct testing of a concept or hypothesis. It uses techniques including interviews, participant observation, focus groups, reflections and writings to illuminate the subjective interpretations of human experience. Finlay (2011) states that ‘applied to the therapy field, it offers the possibility of hearing the perceptions and experiences of service users’(p.8). It is better suited to answering questions of ‘how’ or ‘what’ as opposed to ‘why’ (Creswell, 1998) and its primary purpose, according to Polkinghorne (2005) is ‘to describe and clarify experience as it is lived and constituted in awareness’ (p. 138). It therefore focuses on individuals in the natural world, exploring the meanings individuals make of their experiences and investigating individuals in social interaction (Morrow, 2007). Through language, the qualitative researcher is able to gain insight into the experiences of participants and glean meanings around these experiences that are not otherwise observable and that cannot be gathered using survey or other data-gathering strategies (Morrow, 2007). It celebrates the researcher as playing a key and inevitable role in the co-construction of data and encourages reflexive exploration of the impact of this dynamic on findings which are often ‘complex, rich, messy and ambiguous’ (Finlay, 2011, p. 9) much like the experience of the very phenomenon that is under investigation.

There are numerous approaches to qualitative research (including phenomenology, grounded theory, discourse analysis and narrative analysis) and within each approach there are a plethora of distinct methods and versions of methods with overlapping elements which have been applied to Counselling and Psychotherapy research studies. Each offers a different view on what constitutes

data, what can be inferred from it and what a given analysis attempts to achieve (Smith et al, 2009). Furthermore, each method is underpinned by theoretical and philosophical persuasions and assumptions which reflect (amongst other things) the range of differing ideas about the complex nature of human experience and how best to access and speak of it in a meaningful and useful way. Navigating this complex methodological terrain is no easy task and before selecting a method, the researcher considered the different approaches to data analysis and reflected on the nature of the research question.

### **The Nature of the Research Question**

The research question for this study was born out of the researcher's personal experience of clinical supervision as a trainee Counselling Psychologist at Roehampton University (see Appendix A for self-reflection on this topic). The researcher's experiences could largely be described as complex, rich, messy and ambiguous with certain aspects of the experiences offering invaluable support to the researcher's professional development, and other aspects creating obstacles to learning, inhibiting creativity and resulting in unhelpful levels of anxiety both inside and outside the supervisory context. Furthermore, the researcher became preoccupied with an inability to reconcile many of the claims and assumptions that appeared to surround the phenomenon of clinical supervision both in the literature and within the broader field of Psychology (see Introduction), with the personal experiences of the phenomenon that had been encountered as a trainee. It appeared to the researcher that a significant portion of the actual, lived experience of clinical supervision could not be captured by the theoretical, academic and professional descriptions of the purpose and role of supervision as it applied to Counselling Psychologists. Specifically, the largely accepted 'truth' that supervision provides a supportive, educative environment which promotes best practice, was not consistent with the researcher's mixed experience.

Such personal reflections, prompted an interest to find out how other, more experienced psychologists, made sense of their personal experiences of clinical supervision and its impact on their practice, with a particular focus on aspects of the lived experience that had helped and/or hindered them. The aim of the study, therefore, was to explore the meaning of supervision's impact on practice from the supervisee's standpoint with the hope of ultimately describing the key features that emerged.

## IPA

IPA was chosen for this study as it is grounded in an epistemological approach to inquiry which the researcher believes best meets both the aims of the research question (outlined above), and the concerns of the researcher. IPA assumes that the data generated by the approach can tell us 'something about people's involvement in and orientation towards the world, and/or about how they make sense of this' (Smith et al, 2009), by focusing on people's experiences and/or understandings of a particular phenomenon (in this case clinical supervision and its impact on practice). The research question in this study is exploratory rather than explanatory and seeks to engage with phenomenological material, seeking to listen and understand participant accounts of clinical supervision, rather than to explain and 'box' data into a set of predetermined ideas/categorizations around the phenomenon. In addition, the relational aspect of clinical supervision (where there is often a supervisor/supervisee dyad) seems consistent with IPA (where there is a researcher/participant dyad) which is a relational mode of inquiry. Furthermore, whilst IPA has a structure to it with many clear and accessible published accounts of *how* to employ the method, it is not entirely prescriptive and its founders urge researchers to be creative and flexible when engaging with IPA, 'working' with the data analysis and maximizing its potential to offer rich descriptions and interpretations of experience. The paradoxically structured yet flexible qualities of IPA appealed to the researcher, who is a student undertaking qualitative inquiry at doctoral level and who requires both guidance and freedom to maximize the experience of conducting phenomenological research at this level. The following paragraphs offer a brief overview of three key areas of the philosophy of knowledge that have influenced IPA (phenomenology, hermeneutics and idiography), and attempt to position IPA within the wider context of qualitative approaches, making reference to key theoretical underpinnings and debates.

### *Philosophical Underpinnings*

#### 1. A Phenomenological Approach

The term 'Phenomenology' (from Greek *phainomenon* 'that which appears' and *logos* 'study') is the study of the structure of subjective experience and consciousness. It refers to a broad philosophical movement founded in the early 20<sup>th</sup> century by Husserl (1931) but which has its roots in the early philosophy of Kant (1724-1804) and has been expanded by philosophers including Heidegger (1927), Gadamer (1975), Merleau-Ponty (1945) and Sartre (1943). There are many different emphases and

persuasions within the field of Phenomenology and these are reflected in the spirited debates and controversies that exist within the vast volumes of literature on the topic (Finlay, 2009). There are similarly a diverse range of (sometimes conflicting) ideas about how to apply phenomenological ideas to research, highlighting (amongst other things) the complexities inherent in any attempt to access and speak of subjective experience. In Husserlian inspired descriptive phenomenology, for example, researchers aim to 'reveal essential general meaning structures of a phenomenon' (Finlay 2009, p.5) through rich description and by bracketing researcher preconceptions. In interpretative phenomenology (inspired by hermeneutic philosophers including Heidegger, Gadamer and Ricoeur), it is claimed that our embeddedness in the world of language and social relationships means that interpretation of experience is inevitable as we cannot escape the context and lens through which we experience the world. However, a shared interest across phenomenologists relates to thinking about what the experience of being human is like, and how we might come to better understand our lived world, with a focus on returning to embodied, experiential meanings. Phenomenology is therefore both a philosophy and an approach to research (Finlay and Ballinger, 2006), which attempts to explore how phenomena appear to individuals in their consciousness, and to shed light on the nature and meaning of such phenomena.

IPA is an interpretive method that is inspired and informed by phenomenological philosophy, with its key focus on the rich descriptions of lived experiences and meanings. In particular, it is concerned with exploring experience in its own terms, following Husserl's (1931) call to go 'back to the things themselves' but recognizes that pure experience is never accessible as it is witnessed after the event. It therefore aims to achieve research that is 'experience close' (Smith, 2009). The fundamental influence of other key philosophers (such as Heidegger, Merleau-Ponty and Sartre), is evidenced in IPA's theoretical understanding of the individual as being 'embedded and immersed in a world of objects and relationships, language and culture, projects and concerns' (Smith, 2009). In Heidegger's major work, *Being and Time* (1927), the concept of 'Dasein' is introduced as the unique quality of 'human being' as "always already" thrown into this pre-existing world of people and objects, language and culture, and cannot be meaningfully detached from it' (Smith, 2009). The implications of existing within an intersubjective, shared, relational matrix are significant for the IPA researcher who is engaging with the participant from within this context, attempting to understand another individual's relationship to the world. The IPA researcher attempts to understand the meanings that participants make of their own experiences encountered as being a body-in-the-world, whilst recognizing the researcher's own body-in-the-world existence and the significant role that s/he plays in shaping the participant's accounts within the inter-subjective context of the

research dyad.

## 2. Hermeneutics

The researcher's attempt to understand the meanings that participants make of their experiences implies a process of interpretation within IPA. Hermeneutics, or the theory of interpretation, is therefore another major philosophical underpinning of the approach. It began as a theory to help in the interpretation of biblical texts, and is primarily concerned with topics from the humanities (history, law, literature and arts), but has expanded to incorporate a wider range of texts and is increasingly informing research in the human sciences (Smith et al, 2009). Hermeneutic theorists, including, for example, Schleiermacher, Heidegger and Gadamer are concerned with questions relating to the methods and purpose of interpretation itself: whether it is possible to unveil the true intentions or original meanings of an author, and the relationship between a text's production context (i.e. where/when it was originally written) and interpretation context (i.e. where/when it is being translated or interpreted) (Smith et al, 2009). Theorists emphasize different aspects of interpretation with some authors claiming, for example that in order to gain a full understanding of text, interpretation necessitates a dual process which requires both a grammatical (of text) and psychological (of writer) interpretation (e.g. Schleiermacher, 1998). Others claim that the intention of the writer is not of concern and that it is the meaning of the material itself that matters (e.g. Gadamer, 1975). In IPA, researchers are working with the personal accounts of participants and are attempting to make sense of (or interpret) the participant who is, in turn, making sense of (or interpreting) his/her experience. This 'double hermeneutic' can be understood at a number of levels and the following paragraphs briefly touch on two aspects that are particularly relevant for IPA's method of analysis.

The concept of the hermeneutic circle relates to the dynamic between the 'part' and the 'whole' and the circle of interpretation that lies therein. Put simply, in order to make sense of a part, it is viewed in isolation and then in relation to the whole and similarly in order to make sense of the whole, it is viewed in isolation and then in relation to the part. The process of interpretation involves a circular analysis which could, in theory, go on ad infinitum but which potentially allows for deep and rich interpretations to be drawn at appropriate points in the analysis. Through IPA, the researcher is able to engage with the 'part' / 'whole' dynamic in a number of different and creative ways in order to obtain rich and descriptive interpretations. For example, key words from a participant's script can be understood in relation to different levels of the whole (e.g. the sentence in which the word is

embedded, the full transcript, the broader experience, the complete life), and vice versa.

Another way of relating to the 'part'/'whole' dynamic can be through the participant-researcher dynamic. Viewing the researcher's on-going biography as the 'whole' and the encounter with a new participant as the 'part' allows the researcher to attempt to make sense of the 'part' from his/her ('whole') frame of reference which will in turn be shaped and changed by exposure to the 'part' (Smith, 2009 p. 35). In practice, this involves the researcher starting from a point on the circle, influenced by his/her own experience and preconceptions. A move to bracket the fore-structure of his/her knowledge takes place as the researcher attempts to move around the circle to encounter the participant in his/her position, carefully working to unveil aspects of the participant's experience in its own terms but always and inevitably viewed in light of his/her own prior experience. Echoing Ricoeur's (1970) distinction between two interpretative positions (a 'hermeneutics of empathy' and a 'hermeneutics of suspicion'), Larkin et al (2006) refer to IPAs interpretive positions as a 'hermeneutics of empathy' and a 'hermeneutics of questioning' which together respectively reflect the researcher's attempt to a) adopt an insider's perspective to understand an experience from the participant's point of view and b) stand alongside the participant to question, challenge and illuminate aspects of the participant's experience of which the participant him or her-self may not be consciously aware, or may be struggling to articulate. Arguably, this non-linear style of analysis allows the researcher to dig deeper into interpretations and allow aspects of a phenomena to appear that might otherwise go unnoticed.

### 3. Idiography

IPA is an idiographic approach which means that it is concerned with the particular – both in terms of its commitment to detail and depth of analysis and also in terms of its interest in particular individuals in a particular context (Smith et al, 2009). In contrast to the 'nomothetic' approach which aims to make general claims across larger groups and populations, IPA works with small samples, often single case studies, and offers 'detailed, nuanced analyses of particular instances of lived experience' (Smith et al, 2009 p. 37). IPA takes a cautious approach to generalizations as it locates them in the particular but the findings from detailed idiographic analyses can be used to inform and shed light on existing nomothetic research and literature and therefore can make very valuable contributions to the field of Psychology. Smith emphasizes the point that the particular and the general are not as distinct as often assumed because details of the individual can also bring us closer to significant aspects of the general. As Goethe states: 'The particular eternally underlies the

general; the general eternally has to comply with the particular' (quoted in Hermans, 1988, p. 785). In other words, delving deeper into the particular also takes us closer to the universal (Warnock, 1987).

An idiographic approach to research sits well with both the phenomenological underpinnings of IPA and the researcher's own view, where experience is understood as uniquely embodied, situated and perspectival and also worldly, relational and universal (Smith et al, 2009).

### **Other Qualitative Approaches**

As stated earlier in this chapter, whilst there are numerous qualitative methods available, most fall under four main approaches (phenomenology, grounded theory, discourse analysis and narrative analysis). The current researcher chose the phenomenological method of IPA as it appeared to best suit the research question and best meet the needs of the researcher and the aims of the study. However, other methods, with different emphases could have been selected to investigate the topic of clinical supervision and were considered before selecting IPA. It is not possible to offer a thorough comparative analysis of the different approaches, but for the purpose of this section, the researcher has chosen to briefly comment on two alternative possibilities for this research [Giorgi's Phenomenology (1997) and Grounded Theory (Glaser & Strauss, 1967; Charmaz, 2006)] as these were the options most seriously considered. A brief explanation for why these possibilities were ultimately rejected in favour of IPA is incorporated into the paragraphs.

Like IPA, Giorgi's (1997) Phenomenology attempts to operationalize a phenomenological approach for psychology. However, a key difference between the approaches is that Giorgi's phenomenology is a descriptive science, inspired by Husserlian transcendental phenomenology rather than by hermeneutic phenomenology and where the aim is to 'describe what presents itself precisely as it presents itself, neither adding nor subtracting from it' and where past knowledge about the phenomenon is bracketed in order to clarify the meaning of the objects of experience precisely as experienced. The approach recognizes that humans are self-interpreting beings but argues that the participant's interpretation does not then need to be interpreted by the researcher but, rather, can be described without any need to go beyond the data itself. In addition to its descriptive rather than interpretive stance, Giorgi's Phenomenology aims to build up a complete and integrated eidetic picture of a particular phenomenon, drawing on the commonalities of experience across participants whilst IPA, in contrast, aims to provide a detailed analysis of 'divergence and convergence across

cases, capturing the texture and richness of each particular individual examined' (Smith et al, 2009, p. 200). Each approach is inspired by different philosophical standpoints which call for different attitudes to be held by the researcher, and produce different outcomes. Whilst appreciating the benefits of both approaches, the current researcher ascribes to the view that interpretation constitutes an inevitable and basic structure of our being-in-the world and acknowledges the inescapable historicity of all understanding (Finlay, 2009). Furthermore, the aim of this research is to seek out idiographic meanings in the hope of understanding individual accounts of the experience of clinical supervision rather than to clarify the nature of the phenomenon in more general terms.

Grounded Theory emerged in the field of Sociology and was first developed by Glaser & Strauss (1967). Different versions of the method have subsequently been developed and each offers systematic guidelines for gathering, synthesizing, analysing and conceptualizing qualitative data to construct theory (Charmaz, 2006). Very often researchers that are considering using IPA as a method find themselves comparing it against (the subjectivist and social constructionist versions of) Grounded Theory. The two approaches share certain features. Both aim to produce a representation of a person's or a group's view of the world; both systematically attempt to identify themes and categories that are integrated into higher order units or master themes in order to capture the essence or nature of the phenomenon that is under investigation; and both use categorization in order to achieve systematic data reduction in the hope of producing understanding of the process (grounded theory) or essence (IPA) of the phenomenon (Willig, 2001). However, one of the advantages of IPA is that it is a specifically psychological research method, designed to gain insight into individual participant's psychological worlds as opposed to basic social processes (for which grounded theory was originally designed and is perhaps better suited). While IPA is concerned with gaining a better understanding of the quality and texture of individual experiences and the nature or essence of a phenomena, Grounded theory aims to identify and explicate contextualized social processes which account for phenomena with the ultimate aim of generating a theoretical-level account of a particular phenomenon (Willig, 2001). Smith states that Grounded Theory is likely to be a suitable choice if 'you have the time and space to deal with lots of data, your focus is not necessarily (or primarily) psychological, you are keen to have a relatively structured protocol to follow, and if you wish to move to quite a high level of conceptual account' (Smith et al, 2009, p. 44). The current research is entirely psychological and its interest is in the *nature* of experience, lending itself better to a phenomenological mode of inquiry.

It is not possible to expand on other qualitative approaches in relation to the current research.



Ways in which clinical supervision impacts practice as an experienced Counselling Psychologist:  
An Interpretative Phenomenological Analysis

However, the table below (adapted from Smith et al 2009, p.45) attempts to demonstrate (albeit ‘crudely’) how additional alternative approaches could have tapped into different questions relating to the topic in order to highlight IPA’s ‘fit’ with the aims and objectives of the current research question.

| Qualitative approaches and the nature of the research question<br>(table adapted from Smith et al, 2009) |   |                                |
|--|---|--------------------------------|
| <i>Research Question</i>   | <i>Key Features</i>   | <i>Suitable Approach</i>       |
| What are the main experiential features of encountering clinical supervision?                            | Focus on the phenomenon of clinical supervision as an experience.                           | Phenomenology                  |
| How do clinical supervision supervisees make sense of their experience of clinical supervision?          | Focus on personal meaning and sense-making in a particular context.                         | IPA                            |
| What sorts of story structures do people use to describe their experience of clinical supervision?       | Focus on how narrative relates to meaning-making.   | Narrative psychology           |
| What factors impact how people view their experiences of clinical supervision?                           | Focus on explaining accounts at a theoretical level, applicable to a large group.           | Grounded theory                |
| How do people talk about Clinical supervision in their practices?  | Focus on the interaction.   | Discursive psychology          |
| How is clinical supervision constructed in NHS training programmes?                                      | Focus on how things must be understood according to convention within a particular setting. | Foucauldian discourse analysis |

### **Limitations/Challenges of IPA**

IPA is a relatively new approach. It is still being developed and reviewed as a research tool (Larkin et al 2006) and, as Clarke (2009) notes, there are 'variations in the way that [IPA] has been used which has made IPA literature difficult to evaluate' (p. 39). As with all qualitative research, IPA does not have 'stand-alone integrity' and is not a guarantee, in itself, of quality (Smith et al, 2009). It is therefore the way that the researcher applies the method that is of critical importance and, as Brocki & Wearden (2006) highlight, authors do not always explicitly recognize either the theoretical preconceptions they bring to the data or their own role in interpretation (two vital facets of IPA). There is, according to Brocki & Wearden (2006), a lack of advice about how much the researcher should interact with the participant or start to interpret data within the interview and this has led to variations in the amount, quality and depth of information provided. It has also been claimed that the length of time it takes to analyse the data in the depth that is required to produce worthwhile results is significant, demanding copious time and commitment from the researcher. Furthermore, evaluating the extent to which the research has achieved its objectives can be a complicated endeavour as the nature of 'open questions' in IPA can make it difficult to know when they have been answered (Salmon, 2002). Furthermore, Willig (2001) highlights certain limitations concerning the role of language, the suitability of accounts, and the issue of explanation versus description.

### **The Audience**

The audience for whom this paper may be of interest was taken into account when selecting the research approach. It potentially includes Counselling Psychologists, researchers, and other individuals working in therapeutic contexts and who are delivering and/or receiving clinical supervision. It makes intuitive sense that 'audiences who are receptive to human experiences and feelings or who value narrative may find qualitative results more accessible and convincing' (Creswell, 1998). As Morrow (2007) points out, 'Counselling psychology practitioners, in particular, may find qualitative inquiry more congruent with the narrative perspectives of their therapeutic work' (p. 211). There appeared to be an integrity and congruence inherent in selecting IPA as a suitable mode of inquiry for this Psychological Research.

### **Methodological Diversification and Expansion**

Counselling psychology is at the forefront of qualitative research, recognizing its potential to make

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great contributions to our understanding of human experience and to illuminate existing theories and literature in the field. There is a call for a more pluralistic approach to research, a methodological diversification and expansion in psychology (Ponterotto, 2005) and the current researcher hopes to respond to this call as well as to the pressures on psychology to provide credible evidence that is accepted by the broader medical world, with an approach that retains the intrinsically humanistic values of counselling psychology.

## **METHOD**

### **Design:**

This qualitative study used semi-structured interviews to generate data. The aim of IPA is to design data collection events which elicit detailed stories, thoughts and feelings from the participant (Smith et al, 2009) and semi-structured, individual interviews have tended to be the preferred means for collecting such data (Reid, Flowers & Larkin, 2005). Interview transcripts were analysed following the IPA methodological procedures outlined by Smith, Flowers & Larkin (2009).

### **Participants:**

IPA is an idiographic approach, concerned with the examination of individual case studies and the formation of specific statements about those individuals. It calls for purposive sampling where a relatively homogenous group is selected for investigation and where the participants share similar demographic profiles. This limits the number of people for whom the research findings may be relevant but adds to the credibility of findings for that particular group. Participants were selected on the basis that they could offer a particular perspective on the phenomenon under investigation (clinical supervision) and therefore represent a 'perspective' as opposed to a 'population' (Smith et al 2009). Selecting a homogenous group of individuals for whom the research question will be meaningful, also allows the researcher to examine both the uniformity and the variability across the group, analysing the pattern of convergence and divergence that emerges (Smith et al, 2009). Findings can be thought of in terms of 'theoretical transferability' as opposed to 'empirical generalizability'.

Patton (2002) argues that, 'there are no rules for sample size in qualitative inquiry. Sample size depends on what you want to know; the purpose of the inquiry; what's at stake; what will be useful, what will have credibility, and what can be done with the available time and resources' (p. 244). In IPA, the primary concern is with detailed accounts of individual experience, where quality of individual accounts and the in depth analysis of those accounts is more important than quantity. As Smith denotes, '...it is more problematic to try to meet IPA's commitments with a sample which is 'too large' than with one that is 'too small' (Smith et al, 2009 p. 51) and Smith warns against associating larger sample sizes with 'better work'. As a general guide, for doctoral students,

between 4 and 10 interviews (not necessarily participants) is recommended to allow for deep analysis both within and across cases.

In line with the sample size and homogeneity recommendations set out by IPA (and discussed above), the inclusion criteria was set to include Chartered Counselling Psychologists with at least 5 years post-qualification experience (or other therapists/counsellors with similar qualifications and levels of experience working in similar settings). Seven participants (6 females and one male) ultimately took part in this study. By the seventh interview, more than enough rich data was considered to have been gathered to allow for a rigorous analysis. Six participants were practising chartered Counselling Psychologists and one participant was a BACP accredited counsellor and psychotherapist who had worked extensively with Counselling Psychologists. All participants were working in the United Kingdom (based in or commutable from London), mostly in Primary Care settings and/or private practice, with a minimum of five years (ranging from 6yrs – 31yrs) post-qualification experience. All participants had a minimum of 200 hours (ranging from 200-900hrs) clinical supervision experience as supervisees. Participants voluntarily answered a questionnaire providing demographic details. (Please see Appendix B: Participant Demographic Table for full details).

#### **Procedure:**

This research was conducted in partial fulfilment of the requirements for the degree of PsychD at Roehampton University. Before recruiting any participants to take part in the research, the researcher submitted a research proposal (RDB2) to the Research Degree's Board and an application for ethical approval to the Ethics Committee in line with University research process guidelines. After obtaining full ethical approval (see Appendix C), the recruitment procedure commenced.

#### **Recruitment Procedure:**

The researcher attempted to recruit participants through personal contacts, colleague referrals, BPS registers, an advertisement (see Appendix D) which was placed on the BPS Counselling psychology website and a recruitment poster (see Appendix E) which was placed on staff noticeboards at the researcher's clinical placement venues. In the case of personal contacts, colleague referrals and BPS registers, an initial correspondence letter or email (see Appendix F) was sent out, briefly explaining (amongst other things) that the researcher was a Trainee Counselling Psychologist undertaking a

doctoral thesis at Roehampton University and looking to recruit Counselling Psychologist participants who had been practicing for a minimum of 5 years post-qualification and who were willing to discuss their experiences of clinical supervision. Attached to the email was a 'Participant Information Sheet' (see Appendix G) which offered a brief description of the research project, full details of what would be involved should the individual wish to volunteer to take part (including the time commitment of an hour for the interview), an explanation of how anonymity and confidentiality would be maintained (together with circumstances under which confidentiality would be breached), comments on the benefits and risks of participating and contact details for the researcher, research's Supervisor, researcher's Director of Studies and the Dean of School. In the case of BPS website advertising, individuals who expressed an interest were thanked and sent (via email) a copy of the 'Participant Information Sheet' in order to help them to decide whether or not they were still interested in taking part.

The outcome of the recruitment effort was that 5 individuals responded through personal contacts and colleague referrals. All five fit the selection criteria for homogeneity of sample and proceeded to the interview stage. 6 individuals responded to the BPS website advertisement, but only 2 fit the selection criteria and proceeded to the interview stage. No individuals responded to the recruitment poster. Each of the 7 volunteers was then sent an email thanking them for agreeing to take part in the study and asking them to suggest a suitable date, time and location (either a quiet room at their place of work or arranged by the researcher at Roehampton University) for the interview to take place. Volunteers were also sent a participant ID number and a copy of the 'participant consent form' (see Appendix H) to read through and bring to the interview or to send back to the researcher ahead of the interview.

### **Interview Procedure:**

#### **Reflexivity**

Finlay (2003) refers to reflexivity as 'the project of examining how the researcher and inter-subjective elements (between researcher and participant) impact on and transform research (p. 4). As Smith et al (2009) point out, a certain amount of reflection is both helpful and necessary in phenomenological hermeneutic inquiry (though too much can become absorbing and move the researcher away from the focus of the participant's accounts of experience). Before constructing interview questions, the researcher attempted to begin the on-going process of reflexivity by writing

about her fore-knowledge and personal experience of clinical supervision and reflecting on how these factors were likely to influence the choice of questions and perhaps both the direction of the interview and the way in which the researcher 'heard' the participant's accounts. Reflexive notes were kept throughout the data analysis phase of this study and sample excerpts from these notes are available on request. The researcher's fore-knowledge was continually shaped and altered throughout the IPA process both through hearing the individual participant accounts which added to the researcher's 'knowledge' of the experiences and also through reading the supervision literature and linking the findings back to existing research.

#### Interview schedule

Prior to meeting with participants, the researcher developed an interview schedule (see Appendix I). This schedule provided a semi-structure to facilitate a comfortable interaction between researcher and participant. It consisted of a series of open and expansive questions, supported by probes to encourage further description/analysis from the participant. In line with IPA guidelines (see Smith et al, 2009 p. 59 – 68) the objective was to encourage participants to recount their life experience of clinical supervision with as little interference from the researcher as possible in the hope of gaining access to the participant's life world. The interview schedule was not, therefore, strictly followed as a set of questions in each interview. Rather, it was there as a guide to facilitate the thinking and descriptions of experience provided by the participant.

#### Interview Process and Data Collection

The researcher met the participants at an agreed date, time and location. Interviews were held in a quiet room (either at the participant's place of work or at Roehampton University). Prior to starting the taped interview, the researcher explained the format of the session which was to include roughly 10 minutes of administrative tasks and setting expectations, 45 minutes of taped interview and 5-10 minutes of debriefing at the end. The researcher asked the participant whether s/he had read through his/her copy of the 'participant information sheet' and whether s/he had any questions. The researcher then asked the participant to read through and sign two copies (one copy for participant/one for researcher) of the 'participant consent form' (and provided a new one if the participant had forgotten to bring it with him/her). The participant was then asked whether s/he would agree to fill out the demographic form which was entirely voluntary. Once the forms were filled in, the researcher reminded the participant of the anonymity/confidentiality agreement, the

fact that interviews were to be taped, the participant's right to withdraw, and was then asked whether s/he had any questions. Finally, the researcher explained that the purpose of the interview was to find out about the participant's experiences of clinical supervision and that there were no right or wrong answers to any of the questions. The participant was informed that it might at times feel like a one-sided conversation as the researcher was interested in the participant's understanding of his/her experiences. These final comments were designed to put the participant at ease and to facilitate the participant's capacity to describe his/her experiences in his/her own words in the hope of eliciting rich data.

Each interview was recorded and lasted between 40 and 60 minutes. During the interview, the researcher attempted to adopt an attitude of questioning curiosity. The aim was to move around the hermeneutic circle to meet the participant in his/her experience as s/he described it and to be aware of and bracket (insofar as possible) the researcher's pre-existing assumptions and theoretical fore-knowledge with a focus on actively listening to the participant's account in its entirety. The interview started with an open question aimed at examining what clinical supervision means to the participant. From this open exploration, further open questions about his/her personal experience of how clinical supervision has helped or hinder their practice followed. The interview schedule was at times abandoned in favour of following the participant's account and probing deeper into the experiences that were recounted. On other occasions, the schedule was used to facilitate dialogue and prompt participants to reflect on their experience.

At the end of each interview, approximately 10 minutes was spent 'debriefing'. Participants were handed 2 copies of the 'participant debriefing form' (see Appendix J) and asked to take a moment to read through it and ask any questions before signing the last page. This form reminded participants of their right to withdraw, how the interview data would be used, and offered them an opportunity to discuss any issues/difficulties that might have come up during the interview. It pointed them in the direction of support services should any difficulties arise as a result of taking part in the interview in the future. It also asked them to indicate whether they would be interested in receiving a copy of their interview transcript together with the first stage of the analysis (all 7 participants indicated yes) and/or whether they would be happy to offer the researcher feedback on the first stage of interpretation of the interview data once this part of the research had been completed (6 participants agreed to give feedback). Finally, by signing the form, it was explained that they had agreed that the interview was conducted in an ethical manner and that the researcher had permission to proceed to the analysis phase, using their material.



### **Analysis:**

Each interview was transcribed verbatim, providing the raw data for analysis using the method of IPA (Smith et al, 2009). It is important to note that IPA does not prescribe a single method for working with data. Rather there are a series of common 'processes' and 'principles' which can be applied to data in a flexible manner, according to the analytic task (Reid et al, 2005). These include, for example, examining elements of experience that are particular to a participant as well as those that are shared across participants, moving from a description of an experience towards an interpretation, and a focus on trying to understand the participant's point of view whilst also reflecting on the researcher's process of meaning-making throughout the analysis. It is described as an iterative and inductive cycle which involves close, line by line analysis of the experiential claims (Larkin et al, 2006), recognition of emergent themes within and across participants, a degree of interpretation linking the data itself with psychological interpretations of what it might mean for participants in this particular context and a structure and organization of themes which are then tested and developed alongside the original data and the researcher's reflections. For clarity, the researcher has briefly outlined the 'steps' of analysis below (based on Smith et al, 2009) and has provided samples of the raw data (in the Appendices) where appropriate for transparency. The actual process of analysis was more fluid, iterative and flexible than the structure implies.

#### *Step 1: Reading the first transcript*

In an attempt to enter the participant's world and to engage with the general flow and rhythm of the interview, the researcher read and re-read the first transcript a number of times and listened to the taped interview. She reflected on her own memory of the interview and kept notes of these reflections in order that they might be kept separate from the life story of the participant and reserved to inform the more interpretive aspect of the analysis, later in the process. (see Appendix K for excerpt from participant interview transcript).

#### *Step 2: Noting*

A hard copy of the transcript with wide margins was produced and a long and detailed process of noting then took place with a line by line examination of the content and language of the transcript. Using the right hand margin for notes, the researcher made descriptive, linguistic and conceptual comments (see Smith et al, 2009 p. 83-90) to immerse herself in the participant's life world and

engage with the data analysis. The ultimate aim was to make sense of the participant's account through an iterative process of description and interpretation where interpretations were anchored in, and could be traced back, to the original data. (see Appendix L for sample of noting).

### *Step 3: Emergent Themes*

Working from the larger data set of transcript and notes, an attempt to chronologically identify emergent themes took place. Concise statements, identifying what was important in a section of transcript and its accompanying notes, were created. These themes were conveyed as phrases that spoke of the essence of the participant's expressed account. Importantly, the themes reflected both the participant's original words and the researcher's interpretation of those words at a more conceptual level. Once a chronological list of themes was established, an attempt to cluster the themes or map them into a structure took place (following strategies of 'abstraction', 'subsumption', 'numeration' etc outlined by Smith et al, 2009 p. 96-100) with the aim of grouping themes into sets of connected themes. Groups or clusters of themes were assigned a 'super-ordinate' theme which tied the most important and interesting aspects of the participant's account together. The researcher created a table in Word which listed super-ordinate themes together with supporting transcript extracts both for clarity and to demonstrate transparency in the analytic process. (see Appendix M for sample of emergent themes).

### *Step 4: Repeating the process for the remaining transcripts*

The process outlined above (Step 1 – 3) was repeated for each subsequent transcript. Each case was analysed on its own terms with the researcher reflecting on and attempting to bracket any 'fore-structures' of knowledge obtained from previous transcripts (thereby allowing new themes to emerge more readily). Once all 7 transcripts had been analysed and themes together with super-ordinate themes were established, an attempt to identify patterns across cases took place by spreading out the tables from each individual analysis on a large table and comparing and contrasting the results, noting both the idiosyncrasies of cases and the shared qualities. This process resulted in a final table of themes which represented the group as a whole and contained an illustration of super-ordinate themes with clusters of themes under each heading and transcript extracts from each participant for whom the theme was relevant. (see Appendix N for clustered themes).

## **Ethics**

Ethical approval for the current research was obtained through the University's Research Board, where the research proposal was reviewed in detail and a high set of ethical standards were required to be met before approval was granted. The researcher adopted an attitude of ethical attunement (Brinkmann & Kvale, 2008) throughout this project and worked hard to ensure ethical practice by adhering to the Division of Counselling psychology's Professional Practice Guidelines (BPS, 2006 a) and the BPS Code of Ethics and Conduct (BPS, 2006 b). Researcher reflexivity was an inherent and on-going part of the research process and aimed to provide transparency and evidence of ethical standards (Guillemin & Gillan, 2004). Participants were asked to provide feedback on whether they felt the research was conducted in an ethical manner during the debriefing at interviews and participants did not hesitate to sign the form suggesting that they felt they had been treated well and ethically throughout the recruitment and interview process.

#### CHAPTER FOUR: FINDINGS

This chapter presents the findings which emerged following the in-depth analysis of interview transcripts. While IPA is always interpretative, there are different levels of interpretation that can be applied to the data (Smith, Flowers & Larkin, 2009, p. 103). This chapter offers the reader a relatively descriptive account of the findings where the researcher's interpretations have stayed close to what the participants actually said in the interviews. Deeper level interpretations are offered in the Discussion Chapter. The analysis elicited Three Superordinate Themes, which contained a series of recurrent Key Themes shared by the majority or all of the participants (see table below). Excerpts were selected according to how effectively they captured the essence of a given theme and/or to give voice to all participants.

| Superordinate Themes            | Key Themes   |
|---------------------------------|--|
| Factors which Help Supervisee   | Learning<br>Emotional Support with Respect & Trust<br>Professional Experience & Attitude |
| Factors which Hinder Supervisee | Rigidity<br>Power<br>Lack of Challenge   |
| Impact on Working with Clients  | Course of Therapy<br>Way of Being in Room<br>Relationship with Client                    |

In the following interview excerpts minor hesitations and repeated words (e.g. um) have been removed and the following notation has been used: [text] signifies explanatory material added by the researcher; [ ] denotes material has been omitted; ....reflects a significant pause.

#### SUPERORDINATE THEME: FACTORS WHICH HELP

All seven participants reported numerous experiences of supervision which helped them in their practice in different ways, namely in relation to Learning and Emotional Support. Professional Experience and the Attitude held by participants also emerged as important themes which affected the way in which supervision was understood and experienced.

### **Key Theme: Learning**

This dominant key theme relates to experiences in supervision where participants acquired new insight, knowledge or skills which had helped them in their practice by, for example, enhancing the way they thought about client material, promoting a new sense of self-understanding, offering practical tips for coping with context-specific dilemmas or linking theory to practice. There was a tendency for participants to 'hold in mind' their learning as opposed to acting on it and for some participants the excitement and sense of fulfilment obtained from the acquisition of knowledge seemed to be a satisfactory end in itself. For all participants, it appeared highly important to feel challenged in supervision by a supervisor that they respected and to be continually expanding the boundaries of their knowledge and understanding, whether it be through 1-1, group or peer supervision. A central and key aspect of this theme related to the metaphor of 'shedding light' where experiences in supervision presented new or alternative ways of thinking about client material that the participant either hadn't thought of at all or had not been able to articulate easily. This phenomenon seemed to be mirrored in the interviews themselves where participants, through the act of talking about their experiences of supervision, came to know their thoughts about it, sometimes surprised by what they found themselves saying. An example of this last point, together with evidence of the importance of learning which emerged as a theme across all transcripts, is captured in the following excerpt from Claire:

'and as I'm saying all this to you I'm realizing that for me the best supervision has been supervision where I've been learning and I'm not sure whether supervision is meant to be about learning. But for me, that's when it's been the best – when I've come out of it and I've thought right, I've learnt something from that' (Claire).

And later, when describing the impact of supervision on practice, Claire states that:

'This is a terrible thing of me to say now actually. But other than when I've been in supervision with people that I feel I've been learning from, absolutely none. Absolutely none...I think I just thought well that was a ridiculous waste of time...but where there's been a learning process as well as supervision, then yes I would definitely take it with me into my work and it's very helpful then. Then it can be very very helpful' (Claire)

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The lack of clarity for Claire about whether supervision is supposed to be about learning, together with her reference to a learning process *as well as* supervision suggests that, for Claire, learning is not assumed to be an intrinsic function of supervision (suggesting, perhaps, that not all supervision experiences have promoted learning) but that it is an important and helpful one when it is experienced.

The importance and helpfulness of learning is echoed throughout the transcripts in the numerous references to how supervision can, at times, provide a new and/or different way of looking things. For Jane it seems important to be able to hold new insights without feeling compelled to act on them. As she describes:

‘I think that [supervision] has been really helpful just to kind of, at times, think about a client from a different view point really just if we sort of think about it in these terms that would be – not necessarily that it would change how I’m working, because ultimately it doesn’t [ ] just giving another way of looking at what’s happening with the clients and what’s happening in the room but not feeling tied to it’. (Jane)

Louise, Paul, Sarah and Sally, describe how talking in supervision can bring into awareness a perspective on client material that was not immediately obvious to the participant but which might seem obvious or self-evident when viewed from the outside and which resonates as true when it is articulated out loud as demonstrated in the following 4 excerpts:

‘Sometimes I feel a bit stupid actually that I hadn’t picked it up myself and that I hadn’t sorted it out in my own mind, but then that’s what supervision is all about. It is about another perspective, another angle on it. When you’re in it, you don’t necessarily see it...the guy with erectile dysfunction. He really pissed me off [laughs]. I got quite angry with him inside. We were talking it through in supervision and you know it’s quite obvious when you say it. He was impotent and I was feeling impotent. But until somebody says that out loud, you don’t really kind of think that’s going on in your own, in your head. So it’s those sorts of things that really point it out to you’ (Louise)

‘It was so funny because you know talking through those issues and reflecting on them with my supervisor and then hearing her ideas about it and putting them together, the – you know, what came out of that discussion was probably – and I said this to her at the time – was exactly what I would have said to a supervisee (laughs) in the same position. But because it was my case, you

know, I hadn't thought of it [ ] even though you already knew it, if you like. But kind of just thinking about it afresh for that case because you get, you know, you can't see the wood for the trees when you're involved with a client necessarily' (Sarah)

'It just sort of throws a bit of light I suppose, on into dark places of my work with clients. Sometimes clients seem to be puzzling or difficult or raise something I'm not familiar with, or perhaps I've tried something and it doesn't work and I don't know what else to try. [ ] Yes, I think supervisors are good for that – suggesting things that I hadn't thought of or couldn't remember or whatever. Oh yes that would be good – as I said before – to throw some light on the relationship perhaps. See something about the relationship that I hadn't noticed or hadn't come into my awareness in some way. Something I was doing or not doing that's actually quite important' (Paul)

'It makes you aware of things you hadn't really been thinking about. I'd been aware but not in as concrete terms as what came out of the supervision. So it's like the supervisor can just – I love that phrase – you know it's like where you kind of say a lot of stuff in supervision and the supervisor takes that in, digests it and gives it back to you in a sort of digested form if you like, so you know what your worries are, you know what your issues are – they are sort of unformed in your mind and they come back in a way that you can actually swallow and take in' (Sally).

There appear to be strong parallels between the process that is described by participants in these exchanges during supervision, with the therapeutic process and the interview itself where new insight, often around material that is on the edge of consciousness, is brought into awareness through talking.

### **Key Theme: Emotional Support with Respect & Trust**

#### *Emotional Support*

Six out of the seven participants described experiences where supervision appeared to provide emotional support through containing, understanding, offering hope, validating and/or encouraging them in their practices. In all cases the support was viewed as helpful and in some cases vital, offering a lifeline which enabled participants to continue in their work. Factors including work context and individual differences seemed to impact the degree to which individual participants regarded particular aspects of emotional support as important, however respect and trust for the supervisor emerged as crucial determinants of the extent to which all participants felt safe to disclose their vulnerabilities and open to receiving the support. For Jane and Claire the emphasis

was on containment and feeling understood in supervision. In a helicopter assessment of her supervisory experiences, Jane states that:

'I think the most help I've received, when I think about it because I've had so many supervisors, so I'm just trying to bring them all together – has been around containment really I think. Really, for me, probably and fairly general but it has been about – um, yeah, containing me really and helping me feel in way that I can do it, that sort of stuff.' (Jane)

Jane appears to be thinking on her feet in an attempt to find words which will capture the essence of the supervisory experiences that she has found helpful. What emerges is the word 'containment' perhaps referring to an emotional containment where doubts are relieved and confidence in her ability to cope is restored.

Claire also speaks of containment, but in a slightly different way. In the following excerpt, Claire tries to articulate what she experiences as helpful and appears to find her meaning during the interview itself as she struggles to find suitable words to describe what's important to her:

...'I think that maybe I need to feel contained and I'm a quite – not a strong person – I'm quite an opinionated person really and I'm not – I'm quite a kind of I don't know – I like things – I'm questioning you know and so I need a supervisor who is not going to become annoyed with me for questioning and being like that and maybe – as I'm saying this to you – it's kind of interesting.' (Claire)

For Claire containment seems to be about her need to feel well tolerated and understood within supervision and this desire to be understood is echoed in Sarah's comment that:

'...it's quite important to be, you know, to feel secure with them and to feel like they understand what I'm talking about' (Sarah).

The extent to which emotional support featured in transcripts tended to relate to the work context and the complexity/severity of client cases encountered by participants. Those working in high-trauma hospital settings, for example, and/or working with patients who were very ill and/or dying reported a more pressing need for emotional support. As Louise describes:



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‘So it was very nice to be able to say ‘huh, this is dreadful....I can’t do this anymore....it’s taking such a huge emotional toll on me....and we talked about ways of looking after myself and shortening the length of my visits [with clients] and all those kind of things just to help me take care of myself really. So very supportive, and I could cry, get it off my chest a bit – which you can’t do anywhere else really.’ (Louise)

And later, she admits that had it not been for the emotional support gained in supervision, she perhaps would have left the job:

‘I think if I hadn’t had supervision when I first started this job – if I hadn’t had the two aspects of it [the learning and the emotional support] I probably would have left because I didn’t have the confidence to be in this setting by myself and I was very much a lone person. So my supervision was the only time that I got to offload anything at all and I used to walk out of here on a Friday afternoon in bits because I had nowhere to take it’. (Louise)

In addition to work context, personal difficulties also seemed to determine the extent to which emotional support was sought/needed and found helpful in supervision. As Sarah comments on her peer supervision:

‘...during a time when I was having a lot of difficulties with my practice and feeling very low and um I was able to talk about that in a very unguarded way which I wouldn’t feel able to with my other supervisor and to say look ‘do you think I should be practising at the moment?’...supervision got squeezed over towards the therapy side if you like....helpful in that respect....so specifically the peer part of it was able to allow you know, to give me a safe enough place to do that and not all supervision arrangements would have felt like that I think’ [ ] ‘it’s not organizational supervision – it’s not accountable to anybody...voluntary and in our own time...it was a contribution to coming out of that difficult time and you know a sort of feeling that other people knew, you know, in a supportive kind of way’ (Sarah)

Here again, a sense of safety seems crucial and Sarah’s excerpt highlights another aspect of this theme which is that not all supervisory arrangements foster and/or invite emotional support, and participants sometimes overcome this difficulty by seeking alternative supervision and/or attending multiple forms of supervision in order to meet their needs. Indeed, Louise demonstrates this last point clearly in the following excerpt where she describes the different needs that are met through

her one-to-one supervisor and her group supervisor and, importantly, how disclosure in the respective supervisions is impacted. Her understanding appears to unfold in the interview itself as she remarks that she 'hadn't realized quite how selective she is':

'I guess my CBT one-to-one supervisor, I feel I use her more for direction and, yeah how to work with clients. I haven't got the same kind of – I suppose with her I'm a bit on my guard because I want her to think I'm a fantastic therapist and I can look after myself and I'm, you know, on top of my game kind of thing. Whereas with my group supervisor and with the other people in the group I'm very able to let it all out and let it go and feel very supported [ ] It just impacts what I take to each supervisor. Yeah, yeah I hadn't realized actually – I hadn't realized quite how selective I was actually about what I do take. I am quite guarded with my CBT supervisor....I think if I were just to have her as my supervisor it would be difficult. But because I've got the other outlet, it's ok' (Louise).

#### *Respect & Trust*

The extent to which participants felt open to receiving emotional support and felt safe exposing their vulnerability and disclosing their concerns/issues seemed to positively correlate with the extent to which participants trusted and respected their supervisors and/or peers. Indeed respecting and trusting in the supervisor emerged as recurrent and crucial aspects of helpful supervisory experience. In Louise's words:

'I think definitely the supportive aspect has been very important and to feel that when I go in the room with my supervisor, I can say whatever I like and I can fall apart if I need to – um – yes – something about the trust that you have with the supervisor that that's okay. Not just about patients actually but also about the work situation when you have difficulty with managers or structure of how things are set up....and you need support and encouragement around that sort of thing'(Louise).

Similarly for Paul there seems to be a correlation between helpful supervision and a sense of respect and safety inside supervision. When asked to say more about how certain experiences in supervision were helpful, Paul states that:

'It's like being in the presence of a master or a mistress actually in this case – being in the presence of somebody who earned my respect and who continually deepened my respect for their insight and their suggestions and their helpful ideas and somebody who actually was very well practised and well-honed and had thought a lot about it themselves as well as learning from people. So I suppose

it's a kind of appreciation of having a supervisor like that who has such a lot to offer [ ] a feeling of being in good hands – of being well treated by somebody who knows what I'm talking about...and might have some light to throw on my stuff' (Paul).

And again for Karen, the emphasis is on having confidence in your supervisor, trust, containment and feeling understood:

'You've got to have somebody that you trust – that you have confidence in as well – somebody that's honest with you. [ ] I trusted her – she was very warm. She wasn't big on theory as she would say. She would openly say that. She was warm, she was empathic. She was containing and I've talked to other therapists when we all worked there and we had all much the same experience of her. She was readily available to us....She said 'it feels like you've been kicked in the stomach doesn't it?' and it did. That's exactly how it felt and I just thought gosh, she knows exactly what I'm feeling....I felt I could say anything to her. I felt I could be totally honest. I could cry and say you know that is so awful, I don't know what's the matter with me, you know and she was just totally open and she would just listen and I never felt I had to put on any almost guise of ability – I could be myself you know'.(Karen)

Claire talks about how respect and trust can have a lasting impact on practice through the internalization of her supervisor:

'...it's a little bit rather like sort of object relations in a way, I think. That if you have a really good supervisor who you respect and trust then I think you carry a bit of that supervisor within you into your practice and I think that probably goes over....I mean, heavens, when I saw these two it was quite a long time ago, but I still sort of carry them within me if you like because they were so, in my view, good really.' (Claire)

For most of the participants, greater emphasis was placed on the degree to which participants trusted and respected their supervisor as opposed to on the (less mentioned) mutuality of trust between supervisor and participant. However, for Claire, holding the supervisor in high regard and mutuality of trust and respect were important as demonstrated in the following excerpt where her understanding around this theme appears to be co-created during the interview as a result of our discussion:

‘...as you are saying that I’m thinking that the [supervisors] I have taken the most from in supervision and have found very positive have been people who have actually had a lot more post-qualification training and experience than I....they were highly experienced and all the rest of it and it seems that from my perspective, where I have obtained anything at all and felt that I’d been trusted and it’s been an equal kind of conversation or situation is where they have been more qualified and more experienced than I. [ ] To really engage and to use it, yes you’ve got – I think you’ve got to feel trusted and I think you’ve got to respect whoever it is otherwise you will be kind of just going through the motions really I think’ (Claire)

For all six participants, it appeared that trusting and holding the supervisor in high regard was a prerequisite to experiencing helpful emotional support.

### **Key Theme: Professional Experience & Attitude**

All participants made reference to how experience had shaped/alterd their understanding of supervision and how their needs and attitudes toward supervision had shifted over the years of practising. In addition, and with respect to 4 participants in particular, a less tangible theme emerged that tapped into the attitudes of the participants. Specifically, these participants adopted an attitude of openness, flexibility, curiosity and (occasionally) humor, both with respect to the way in which they approached their clinical work and supervision. This attitude, (which may be a by-product of numerous factors including personality, experience, theoretical orientation, and growing confidence in their work), seemed to positively impact the way they experienced supervision. It was important to these participants that their supervisors mirrored an attitude of flexibility above, and irrespective of, their theoretical orientation.

Louise reflects on how her understanding of supervision has shifted over time:

‘I think because I’m quite experienced now, I think it’s the practical things that are more important to me now whereas before it would have been a kind of more about the feelings I suppose.’ (Louise)

And later.....

‘...but I suppose back then I would think that I was a useless therapist or I should be dealing with my emotions a lot better. Those kind of things so I would be a bit more um – guarded – a bit unsure I suppose of what reaction I would get or how to use supervision even I suppose back then. Was it the

right place to be sitting crying? Should I be sitting crying in my supervision? No I should be exploring what I'm doing with my client. It was those kinds of things. But now I just do anything (laughs), whatever I need, I ask for. So I suppose it's a learning curve of how to use supervision as well as the types of things you can bring – it's also how to use it' [ ] Yeah, now it's much more about support and practical things rather than how to be a good counsellor (laughs) which it was back then.' (Louise)

Louise appears to have a much more relaxed, open and confident attitude towards supervision now that she is more experienced in her practice.

Similarly for Sally, a shift in attitude towards supervision has occurred over time:

'I think I've become quite happy with sitting with not knowing things.....it's more consultative and it's more take it or leave it, you know, because again it's adding another layer so every supervision you kind of say this is where you're coming from that hasn't been helpful so let's see how else we can look at it [ ] or be curious about why a good idea doesn't work....every session is an experiment to figure out what's helpful and the patient hopefully feeds back.' (Sally)

And later, Sally goes on to attribute her more positive experiences in supervision to her changed attitude:

'Because again, I think I have been more flexible and more malleable and more curious. I think I have adopted curiosity since I have developed more systemic skills' (Sally).

This notion of curiosity had a playful and creative ring to it and emerged across transcripts. For certain participants it had become the key to successful supervision. For Paul:

'Well I think that's a great key to supervision – to getting the most out of supervision as well – to have that sense of curiosity. I wonder if you can help me with this, I wonder if there is an answer to this problem, I wonder if there is a way of seeing this that I haven't got yet. Something like that. So um I think it's a hugely important word to use' (Paul).

And when things that were discussed in supervision did not work out in practice with the client, Paul exhibits a positive, relaxed, slightly humorous attitude:

'...[laughing]....it made me feel well, shucks! Next please (laughing). No I didn't have any strong feelings about it except amusement I suppose really. It was a good idea, it was just that it didn't work. (Paul)

For all participants, the theme of flexibility emerged as being an important component in helpful supervision. Occasionally participants found themselves working with supervisors from different backgrounds and orientations and provided there was mutual flexibility, these proved to be enriching experiences. In the following excerpt, Jane describes how she has benefitted from different approaches adopted by supervisors working across modalities and how she saw the different viewpoints as helpful without feeling tied to them:

'Um so I worked with one who was integrative but did a lot of understanding in the supervision around Kleinian sort of work and object relations and kind of discussed things in those terms quite a lot. Although she could also discuss using other models but seemed to have a preference to that or, you know – um – just trying to think of what else – um another one of my supervisors was actually a clinical psychologist so she very much came from a cognitive behavioural sort of stance. But also could think in person centred as well. So, but I think there are certain models that we all hold a little bit closer, you know, that we would bring into supervision with the supervisor. As I say, I think it's more – just giving another way of looking at what's happening with the clients and what's happening in the room um and not feeling tied to them. It's not that it's got to fit this or I don't think that it works.' (Jane).

Sally uses a metaphor to explain her thoughts on this theme:

'I think when you are talking across theoretical orientations in psychology you also have this sense of that you are kind of talking about the same thing but using a slightly different language...no model is the absolute truth and has all the elephant drawn. We've all got bits of the elephant drawn...so kind of seeing the whole thing from different perspectives is actually quite enriching provided that people are flexible in their thinking' (Sally)

For Paul, again, it is not the orientation that matters, as much as the flexibility and capacity to find compatibility in thinking:

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'I've always had quite sympathetic supervisors who were on my wavelength pretty well...the one I'm thinking of was very very expert and educated with a lot of backgrounds, different therapies and so forth and has been very compatible with my basic orientation without actually coming from that orientation.' (Paul)

## **SUPERORDINATE THEME: FACTORS WHICH HINDER**

Six out of seven participants reported numerous experiences of supervision which hindered them in their practice in different ways; causing anxiety, damaging self-esteem, inhibiting disclosure and stunting personal & professional development.

### **Key Theme: Rigidity**

Supervisor's rigidity, sometimes manifest in directive instruction, emerged as a powerful key theme which hindered participants in their practice, sometimes setting up what appeared to be an anxiety-provoking internal conflict where the instructions from the supervisor felt incongruent with the participant's preferred or natural way of working. Jane captures this struggle in the following excerpt:

'It doesn't feel real, it doesn't feel as if it is coming from here [clutches heart]. It might feel that it's a really good way of working or it might – that would be a really good – um – I don't know, intervention or something like that but you know when it's – I don't know – if it's not congruent with what comes from you, it's different and it doesn't work as well as if it were coming from [the supervisor]. Because [the supervisor] is at ease with that whereas it's not actually coming from my core way of working or my core self and I think I've heard other people saying very similar things, you know – if it doesn't feel absolutely right for you, then it's not right to be used'. (Jane)

And later when recalling her thoughts prior to a specific client therapy session, Jane describes the anxiety that builds as a result of pressure to implement the interventions discussed in supervision:

'How am I going to use this? ....Am I going to find the right place for it?...Is it going to fit with where they are today as opposed to where they were last time I saw them or something like that?....So there was an anxiety about I should be able to, I'm actually, you know, I'm failing here in some way if I don't quite get it. But actually I'm anxious about it and so it's actually impacting on the work because of my anxiety about it'. (Jane).

Louise similarly describes how she can lose sight of her own therapeutic approach as she responds to the instruction of a metaphorical 'third person' in the room:



‘Sometimes it hindered me in that I would lose the sort of person-centred side of things and I would start getting a bit too technique focussed and forget the sort of exploratory thing that is part of what I do a lot...so I have to remind myself of where I come from otherwise it gets a bit too technique focussed. When I look back at what we’ve done I think ooh hang on a minute I kind of – was a bit too directive there a bit – not as person centred as I would normally be because I’ve had my supervisor going ‘do this!’ on my shoulder’. (Louise)

For Claire, rigidity in supervision had damaging consequences on her self-esteem, leaving her feeling undermined and deskilled and ultimately contributing to her decision to leave the NHS:

‘[Supervisors] were so rigid in their way of how they were going to deal with [client]....I wanted to have a discussion about it and they would not have a discussion. That’s it. That’s how it is. That’s the way procedures run....So there’s absolutely no opportunity for any kind of growing in terms of what you might be doing with your client because if it’s so rigid and sort of, you know, boxed in by rules and regulations, I don’t really see how you can then kind of grow in the relationship with your client really. So you know I felt quite strongly about that and....it made me feel very undermined and deskilled. [ ] It’s made me quite stroppy actually which is one of the reasons I left the NHS and started working with a private consultancy’ (Claire)

Some participants described how more purist (largely CBT) supervisors could sometimes be rigid in their thinking and how they felt constrained by the prescriptive approach to working with clients that was advocated by these supervisors:

‘I felt it hindered a bit in that it stuck to this almost prescriptive way of working....so yeah, it’s always a bit difficult I think when you do a specific type of supervision because if you’re not completely sure about it, then you will be guided by that supervisor with what they’re telling you to do. This is how you work with a CBT client. So that can be a bit specialist I think because it’s almost a learnt expert way of working. So it narrows it down quite a lot I think. (Karen)

Sally’s excerpt demonstrates the internal struggle that is faced when presented with a rigid and directive supervisor together with the decision to follow her own idea of what’s best for her client and the subsequent consequences:

'Um quite often what would happen is I would have a supervisor who just kind of really would be giving me a list of things to do with a patient in the next session from her perspective which was not the one I was using. It would be, right you need to do this, follow this technique, do this, this, this and ask them about x, y, z. And then when I went into the room – because prior to that, I had always seen supervision as enhancing my idea and my understanding of what's going on – sort of like – so quite a flexible process – but adding that information into the mix, and so now you have this kind of almost rigid – and rigid is a word that always flags up alarm bells for me – so this kind of rigid idea of what I was supposed to do next which then, when I was in the room with the patient, didn't always seem appropriate because I would have been more interested in following the patient's processes than my own...so I wouldn't do it, and then I would come back to supervision and get my wrists slapped' (Sally).

### **Key Theme: Power**

The imbalance of power which is often inherent in the supervisee/supervisor dyad emerged as a significant theme for participants, sometimes creating a difficult dynamic which hindered their practice. In some cases, participants described experiences where they felt supervisors had abused their power resulting in the participant feeling angry, patronized, deskilled and destabilized. In other instances, the participants' perceptions of the power imbalance appeared to have inhibited disclosure and/or prevented them from challenging the supervisor. For all participants, the experiences relating to this key theme were recalled from during training or early posts as newly qualified practitioners.

Claire described experiences in supervision where she felt an abuse of power had taken place, leaving her frustrated and destabilized. The agitated tone of voice that she adopted when recounting these experiences in the interview, together with her extreme terminology (e.g. complete and utter, never, very) suggested that there was perhaps unresolved anger around these events together with a lingering sense of injustice:

'I found that very unhelpful – really quite bothering and distressing at times...she'd treated me as if I was a sort of an incompetent child and she was very partronizing...and never looked at anything in an intellectual way or deep insightful way- it was only about was I coping and I found it very frustrating um and I felt I couldn't challenge her.....and I felt I suppose that I didn't want to hurt her

really...it was utterly a waste of time - a complete and utter waste of time and I used to feel quite angry about it and as soon as I could get myself somebody else that fitted in with my schedule and things, I did...because if you do have a supervisor who you do not sense is in your corner but is in some way wanting to trip you up and there **are** supervisors that I've had like that or I've been in group supervision or whatever – people are trying to be a bit clever-dickish or whatever....then I think that does erode one's confidence and I think then if you are going out to do sort of client work after, that you can feel quite deskilled and destabilized for a bit'. (Claire)

For other participants, the perceived power imbalance meant that they failed to disclose concerns or challenge their supervisors for fear of exposing incompetence, upsetting and/or challenging a superior. As Karen describes:

...'perhaps myself, I have not said what I need to say sometimes. I think what I do struggle with a little bit is maybe myself challenging the supervisor....I tend to assume that the supervisor knows best – that they will know what to say and whatever they've said is right in the session but often afterwards I look at my notes and think that didn't help me very much – I should have been far more assertive in the session itself [ ] I think it comes back to the thing of feeling that they know more than me. I also probably want them to think I'm doing a good job. So I think it can be really hard as well to bring up stuff in you that feels as if you're not doing very well, you know, in your job...so there's a feeling again that the supervisor is I suppose an expert in a sense – knows more than me or is more qualified than me – I expect them to lead me rather than me you know challenging them a little bit...you'd say something about a client and then she'd say something and you'd actually be sitting there thinking that's actually a load of rubbish. But I wouldn't have said it because she was in the college and I just assumed she knows much more than me you know. But that wasn't a very good experience actually. I never felt I got much from that you know.' (Karen)

These concerns are echoed in Sarah's comments when she states that:

'I didn't want to hurt her feelings. I didn't want to be rejecting...But you know I think that there was the – she should have made a contract with me – that did rest with her because I was by far the junior party in terms of my therapy practice.' (Sarah)

And later, when recounting another scenario where the perceived power imbalance made it difficult to challenge a supervisor, Sarah highlights a key difficulty which was that 'I needed a good supervisory report from him to pass my course and that is a danger you know' (Sarah)

For Sally, the power imbalance meant that she found it difficult to disclose aspects of her cases that were troublesome:

'I think it's about being mindful that there is a relationship with the supervisor who fundamentally needs to decide that you're competent before you can keep bringing your worst case and bits.....and I hadn't quite realized the extent and actually what came out of that was, you're going to have to hide this and bury this.' (Sally).

As each participant recalled their experiences, there appeared to be a sense of unresolved frustration and resentment towards the supervisor and (in some cases) towards the participant him/herself for not taking responsibility and addressing the power imbalance effectively.

### **Key Theme: Lack of Challenge**

The detrimental impact of supervisors' failure to challenge participants in supervision was another key theme which emerged in the transcripts. All participants reported that they liked to be stretched and challenged in supervision provided it was managed effectively and balanced with support and encouragement. A lack of challenge caused participants to lose faith in their supervision, sometimes with damaging consequences including loss of trust, feelings of anger and of being let down and, in one particular case, a lasting sense of failure and confusion.

As Karen described:

'...I kind of found myself with a bit of a false illusion because I thought, certainly from their reports, that I was doing some really good work and um you know was perhaps praised a bit but wasn't challenged very much in my sessions.....I had been lead to believe by my supervisors that I was doing good work and I felt quite angry about that actually because I felt...I felt let down.'

It appears that for Karen the lack of challenge equates to a sense of betrayal as she was allowed to create a false sense of competence around her practice. With the benefit of more challenging

subsequent supervision, Karen developed a better sense of areas where she could improve in her work but was left with a sense that opportunities to work more effectively with past clients had been lost:

‘I always had a feeling of ‘you’re doing ok’. Um but when I look back I think, ‘God I could have picked up a lot more if only I hadn’t been afraid to go into those realms of despair or something that somebody was experiencing’ – rather than going along the route you know provided by my supervisor of yes, that’s fine, you’re doing good work you know.’ (Karen)

For Sarah there were more damaging consequences suffered as a result of her supervisor’s failure to challenge her in supervision. Not only did she lose trust in her supervisor, but she failed a Viva and this had lasting effects on her self-confidence and her faith in her ability to succeed in the field:

‘She wasn’t a very challenging supervisor. She’d tell me I was very good at everything for example which is lovely – oh yes – thank you very much, very nice. But actually I know I’m not that – you know – there are things I need to learn you know. I want a bit more – I want more variety. I want, I want, I want feedback about what I’m not doing well as well as what I am doing well and it made me trust her less – the quality of her feedback, if you like, about my work...it didn’t prepare me at all...it was very very distressing at the time...I felt I was rubbish for quite a long time – it took me a while to get back into gear again’. (Sarah)

These excerpts demonstrate the importance of challenge in supervision and the potentially damaging consequences of its absence both in terms of the supervisee’s development and on the supervisory relationship.

## **SUPERORDINATE THEME: IMPACT ON WORKING WITH CLIENTS**

All participants reported experiences in supervision which they believe had a helpful and direct impact on their work with clients. Bridging the gap between experiences that occur in supervision and their subsequent impact on what occurs between therapist and client in the room is an inherently difficult endeavour. However, the recurrent assertions made by participants suggests that supervision had a direct and positive impact on their work with clients particularly in relation to

shaping the course of therapy (and therefore arguably its outcome), the participant's 'way of being' in the room, and the relationship with the client.

### **Sub theme: Course of Therapy**

Many participants described how discussions in supervision subsequently impacted the course of therapy by providing them with advice on how to focus the therapy and offering suggestions for specific interventions which were then used in their client work. Formulations, role plays and practical tips were often directly transferred into the work with clients, shaping both how participants prepared for their cases and how they approached treatment plans.

In the following excerpts, Louise describes how supervision helped her to adapt and focus her work with clients:

'I would have this kind of nebulous thing of 'oh we'll talk things through and see what happens (laughs)' and what have you, and [my supervisor] would say but why, what are you trying to do? What's the theory behind that....which did focus me on how I would be...what techniques I would be using I suppose....It helped me have a focus.' (Louise)

Louise went on to explain how supervision had helped her to become 'unstuck' and to provide hope and movement when she had begun to lose faith in the therapeutic process with a particular client:

'.... so it's finding a way to work when before you thought you were stuck. It's getting unstuck I suppose. That's what you get from supervision....and it gives you hope. At that particular point I was thinking there's nothing I can do with this man, I really can't....he's driving me bonkers. It's just....everywhere I went he was blocking me....you know, and that's what was happening. I was feeling impotent. So now I can turn around and say you know 'Is that what it's like for you where everything you try is just not working' and that frees the whole thing up again and you can start exploring.' (Louise)

Louise described another situation where supervision offered her a simple practical tip which gave her the strength to continue working with a client that she was finding increasingly difficult to face. This particular client was dying and having various sections of her face removed in the run up to her

death. Louise visited this client at her bedside and began to find the sessions increasingly difficult and painful to attend:

‘...it was suggested that...well...it went through various stages at one point she only had one eye and I couldn’t quite look at it really. And um so my supervisor suggested that I look somewhere else...top of her head...and [the client] would not know and it would give me a focus beyond her face...because looking at her face I just got so upset....and that worked...it did work.....a practical tip.’ (Louise)

Claire similarly describes how her supervision helped her to work with clients where the work felt ‘stuck’ or she was not sure what to do by offering specific interventions which she then implemented in her work. When describing what had helped, Claire asserts:

‘I think particularly interventions actually because a lot of clients I think that you bring to supervision are clients where you feel quite stuck and you really don’t know what to do with them next. Those are the ones I think that I need for myself to take to supervision, and so help with even specific interventions can be very helpful and I would definitely use...he would, you know, he’d be able to kind of do a little bit of role play with me and a little bit of well you know you could actually maybe say this and so there was definitely this strange kind of merging of supervision with actually teaching. But it was very powerful because then of course I would then take it away and I would actually be able to see the result of that in situ in my own sessions’ (Claire).

Claire implied that these interventions had a useful impact on the course of her work with clients. There was also a suggestion that good experiences in supervision became internalized and impacted work with clients in a more universal, less tangible way:

...‘if you have a really good supervisor who you respect and trust, then I think you carry a bit of that supervisor within you into your practice....’ (Claire).

Sarah also described ways in which supervision impacted her work with clients. For her, supervision plays a key role in focussing therapy and helping her to know where to start with the therapy process. It shapes the way she creates formulations around client material, prepares treatment plans and then shares formulations with clients. In the following excerpt Sarah is describing how her approach to working with a particular client was changed as a result of supervision and how her

focus was shifted to aspects of the client's presentation that hadn't been immediately obvious to her:

'Well [supervision] then, you know, when it's worked well, it then shapes what you do. So it then shapes....and changes how I prepare...you know how we've worked on a formulation with the client and how we set up and talked about the therapy process. So in other words, [my supervisor] was kind of flagging up that the treatment approach that I had in mind probably, which was relieving the trauma okay was not, probably not going to be helpful for this man and to focus on some other aspects of the presentation....I think it's enormously helpful because I think it's the key to it all is the explanation you come up with - what's going on for the client - and as much as you can ensure that it is a shared formulation and with some less sophisticated clients...you know a pared down version.....but the formulation bit is the bit that links it all together with the client and you in the room.' (Sarah)

Paul echoes the other participants and puts emphasis on how supervision 'gives permission' to try new interventions which he may not have thought of. Paul is perhaps suggesting that supervision takes a degree of pressure off him by sharing responsibility for the course of therapy and this allows him to be more experimental and creative in the interventions he employs:

'Well quite often it actually results in a particular question or a particular technique or a particular action that I hadn't thought of. When I took this to supervision the supervisor said 'well do you think it might be transference? (Laughing...) Could you be actually reminding her of somebody else who she was never quite sure of what they meant or how they intended it'... and so I asked [the client], you know, 'Do I remind you of anybody' and that led to a whole new chapter so to speak in the therapy.'(Paul)

In the above excerpt Paul laughs when he recalls his supervisor mentioning the transference. His laughter seems to imply that he was struck by how obvious the suggestion was once it was articulated, however he hadn't seen it himself. Asking the question of the client directly, 'unstuck' the therapy and moved it on to a new area of exploration. He goes on to say that:

'... it makes it easier to face the next session with the client and um to try something different, try something new, try something I hadn't tried before. So it gives permission so to speak to take a new



tack or to take a new angle or to ask certain questions or something like that, that I might not have thought of on my own.'

For Sally, supervision plays an important role in providing more options and possibilities to experiment with during therapy. Each supervision session adds another layer of possibility and shapes the therapist's lens through which s/he is understanding client material. Sally appears to be saying that the broader and more layered this 'world view', the more possibilities there are to explore:

'...it's adding another layer so every supervision you kind of say this is where you're coming from that hasn't been helpful so let's see how else we can look at it....some will be more useful than others to the patient...so in a sense every session is an experiment to figure out what's helpful and the patient hopefully feeds back...so what is possible to happen between me and a given patient is in the end dependent on both of our world views and perspectives and experiences' (Sally).

#### **Sub theme: Way of being in room**

Many participants recounted experiences of supervision which they believe had a direct impact on their 'way of being' in the room with clients. Specifically, participants reported feeling more relaxed, flexible, open and less afraid in the way they worked as a result of supervision.

For Jane, it appears that receiving feedback from supervisors reassures her that the work is satisfactory and this then results in a more flexible and relaxed approach to her work:

'I think it's helped me to become a bit more flexible.....I think sometimes just that feedback from supervisors about what I've been doing and their response to what I've said has actually helped me become a little bit, yeah, maybe a bit more relaxed in the way I work'. (Jane)

And later, Jane describes how her supervisor's calmer response to her more relaxed disposition in the supervision itself reinforces a more relaxed perspective on her client work and allows her to feel more confident in her work:

'and having to kind of regroup every now and then and get some perspective on it and actually my supervisor's been very helpful in chilling a bit more about them and saying 'Well actually I'm feeling

quite different about them recently for some reason and I'm not feeling the anxiety that you were kind of bringing' and so in a way that's brought me back down as well...her being able to say that, and the way she responds to me when talking about them has actually kind of helped me to kind of feel a bit more relaxed about them and actually it's ok I can do this.'(Jane)

For Karen, this theme was described in terms of a loss of fear which then allowed her to sit more comfortably with difficult feelings both inside and outside of the therapeutic context. Supervision became a place where she could take her own vulnerability and it appeared to have modelled a process which then allowed her to be more open and comfortable sitting with her client's vulnerabilities:

'I became less fearful of my clients...less fearful of my own feelings with my client....it was very much about this is really uncomfortable but we're not moving from this, we're sitting with this discomfort. And one of the things [my supervisor] did tell me, and I still find myself saying it now to some clients, is that you will often leave the session not feeling very good, you know, but that's all part of counselling.....and it's ok to feel like that'....it made me not be afraid of difficult feelings whereas before I think I was shying away from the discomfort and the horrible feelings...'(Karen).

In the following excerpt, Karen offers quite a powerful example of how the experience of exposing her own vulnerability in supervision allowed her to better trust in herself and her capacity to both stay with and verbalize the challenge of sitting with difficult feelings in therapy with clients. Indeed, she appeared to be expressing her vulnerability in the interview itself, speaking tentatively and seeking the researcher's approval/understanding with her repeated use of the phrase 'you know' which was posed as a question on each occasion:

'The importance of recognising your own vulnerability as a therapist and not being afraid to acknowledge that and then, you know, in talking to a supervisor, bringing in that part of you that feels um vulnerable sometimes I think.....I think then leads you to be more open to that in your own client work, you know, interaction with your client...certainly I've taken it back to client work and not been so afraid to open up the hard bits...and at first I'd come out and think oh dear I'm not doing a good job and I think I raised that with [my supervisor] and she said you are, but you are not trusting in yourself. I was then able to take that away and feel more confident in the sessions and not feel so afraid and actually verbalize with the client to a degree, you know, that it is uncomfortable with

these feelings isn't it, it isn't easy. So yes, taking away that fear of vulnerability and being able to talk like that in your own client work.' (Karen).

### **Sub theme: Relationship with Client**

For some participants, there was an assertion that experiences in supervision had a direct and beneficial impact on their relationship with clients by enhancing their understanding of client issues (which in turn assisted in rescuing the therapeutic relationship in some instances) and by helping participants to find ways to relate to clients who were experienced as difficult to like or problematic in some way.

This theme is best represented by Paul where it appears that for him, supervision has played a central role in strengthening and rescuing relationships with clients:

'I think in every case it's improved the relationship [with clients] because I've shown greater understanding of the problem or whatever the issue is being brought up and so I think supervision is very useful in helping to support or revise a relationship with the client that's actually getting into difficulties...it gives, perhaps, a new lease of life to the therapeutic relationship' (Paul).

Sally similarly reported experiences where supervision had enhanced her relationship with clients. For Sally, there were times when she had found it difficult to sustain unconditional positive regard for clients and this began to negatively impact her work and her capacity to build a strong therapeutic relationship. Supervision helped her to find ways of understanding her clients and finding ways to relate:

'...where the relationship with the client is problematic for some reason. So where I maybe am finding it hard to like them, to have positive regard towards them for some reason or other. In which case supervision is a very helpful thing to try to understand what's going on and what orientation or positioning towards the patient might be more useful' (Sally).

## CHAPTER FIVE: DISCUSSION & CONCLUSIONS

In this chapter key findings of the IPA analysis are discussed in light of existing supervision research and literature. Linking the findings to extant theory and research provides an opportunity to contextualize the current study and to relate the findings to other research. There are large volumes of literature to which the various aspects of the findings could be connected. This review, which considers both the similarities and differences between this study's research findings and extant literature, is therefore by no means exhaustive. Rather, it selects texts and/or research which seem particularly resonant and the choices inevitably reflect the lens through which the researcher has come to make sense of selected key features of the findings. However, while it is useful to link findings to existing research, it could be argued that reviewing the 'results' in this way can sustain and reinforce what we already 'know' about supervision, creating safety and certainty around theoretical constructs while reducing the opportunity for other possible meanings around the data to emerge. The discussion therefore incorporates the researcher's reflections, observations and interpretations, and occasionally includes 'thick descriptions' which go beyond the hard data to make sense of more subtle, less explicitly articulated possible meanings held within the participant accounts (Ponterotto, 2005). This discussion of findings and some of their implications is followed by a brief critical evaluation of both this study and IPA as a method more generally and the chapter concludes with a broad reflection on the contextual factors which are currently guiding the direction of supervision research and shaping our understanding of the phenomenon in both helpful and possibly hindering ways.

Participants were asked how (if at all) they see their lived experience of supervision as having helped or hindered their practice. As presented in Chapter 3 of this paper, a series of themes, under the superordinate themes of: Factors Which Help Supervisee; Factors Which Hinder Supervisee; and Impact on Working with Clients, emerged from the data. There were both universal and individual qualities to the findings, reflecting IPAs capacity to allow an examination of how participants' accounts converge and diverge. Some of the key findings connected to each of the three superordinate themes are considered below.

### *Superordinate Theme: Factors Which Help Supervisee*

The experiences in supervision which all supervisees found to be helpful in their practices (represented by the key themes of: learning; emotional support with respect and trust; and

professional experience and attitude), represent the largest portion of reported experiences suggesting that, on the whole, more helpful than hindering experiences came to mind when reflecting on the impact of supervision on practice. Experiences that were deemed helpful map onto some of the definitions of supervision found in the literature and largely mirror existing research findings, though they also highlight gaps in the literature when applied to experienced practitioners. Many of the definitions of supervision found in the literature (particularly those developed in the US where supervision is only a requirement during training) assume the supervisee to be a less experienced practitioner and define the purpose of supervision as being to 'enhance the professional functioning of the more junior person' (Bernard & Goodyear, 2009). The collective findings of this study highlight, amongst other things, that ongoing learning and emotional support in supervision are viewed as being important throughout the practitioner's career/lifespan, and therefore point to the potential benefit of adopting a developmental conceptualization of supervision which extends beyond the trainee's experience, to consider the characteristics which may be more relevant to the more experienced practitioner (Ronnestad & Skovholt, 2003). Proctor (1986) speaks of the 'formative', 'normative' and 'restorative' purposes of supervision, and participant accounts suggest that supervision is helpful when both the formative and restorative functions in particular are experienced in supervision. The following discussion is loosely organized around these concepts of the formative and restorative functions of supervision.

The learning, educative, 'formative' component of supervision, which stresses developing competence, acquiring new skills and knowledge through supervision is well documented across the supervision literature as being a fundamental purpose and essential part of effective supervision (Ladany, Mori & Mehr, 2012) and the research reviewed in Chapter One of this paper cites studies which purport to provide empirical evidence that the learning that takes place in supervision has a positive impact on both the personal professional development of the supervisee and their work with clients (e.g. see Wheeler & Richards, 2007 for a review). The findings in this study similarly show that experiences which promote learning are seen as having a helpful impact on practice and the participant accounts in this study go a step further to describe, in their own words, exactly *how* supervisees understand this learning to have helped through, for example, enhancing the way they think about client material, promoting a new sense of self-understanding, providing practical tips to employ with clients and linking theory to practice.

In reviewing the data generated in relation to the theme of learning in more depth, the researcher observed strong parallels between the process of therapy, the process of supervision, and the

process of the research interview itself, where new insight and alternative ways of thinking about material were gained through talking and reflecting on experience. While much literature highlights the differences between supervision, counselling, teaching and consultation in an effort to establish the identity of supervision as a distinct intervention in its own right (Bernard & Goodyear, 2009), participant accounts in this study highlight some of the many parallel features that are present across supervision and therapy and, perhaps, point to a set of common factors that unify all human change encounters (Lampropoulos, 2002). The metaphor of 'shedding light' was a key feature of this theme, where 'talking through' issues in supervision led to new ways of thinking about various aspects of the therapeutic relationship and/or brought into awareness possibilities that were 'known' or felt, resonating as true for the supervisee, but that had not been explicitly or easily articulated until addressed in the inter-subjective exchange of supervision. A parallel process appeared to take place in the research interview itself where the open, non-directive dialogue between researcher and participant allowed for new thoughts and meanings around experience to form. This is particularly apparent in Claire's transcripts where she states that 'and as I'm saying all this to you, I'm realizing that for me....'; 'and as you (researcher) are saying that, I'm thinking that...'; and 'as I'm saying this to you, it's kind of interesting....'(Claire). This process of coming to make sense of thoughts and feelings through the inter-subjective space created within the relational dyad, appears to be a key and relevant facilitative feature of the learning that takes place in supervision for participants in this study, and mirrors the idea in counselling and psychotherapy that the therapeutic relationship is the central vehicle through which psychological change occurs (Howard, 2006) and brings home the point that supervision is essentially a relational exchange.

Another researcher observation related to the way in which these experienced practitioners used and applied their learning, which perhaps points to both their level of experience and the underlying professional values and attitudes held by the supervisees. While some learning was transferred to their work with clients in very practical ways, there was equally a tendency to reflect on and 'hold in mind' their learning without feeling compelled to act on it, particularly if the suggestions or insights offered in supervision did not sit comfortably with the participant's unique way of working. Jane demonstrates this point when she states that the different viewpoints acquired through supervision wouldn't change the way that she works, 'because ultimately (they don't)', but it's helpful to have 'another way of looking at what's happening with the clients and what's happening in the room (without) feeling tied to it'. This attitude of openness to alternative ways of thinking which appears to sit alongside a particular way of working may be characteristic of experienced practitioners who have grown in confidence and have developed their own authentic working style which is congruent

with their own values, interests and personalities (Woskett & Page, 2001). It may also point to the open reflective stance which forms part of the professional identity of Counselling Psychologists more generally, and which influences the lens through which the purpose of learning in supervision is understood amongst these participants.

The supportive 'restorative' component of supervision, which includes providing a safe and supportive environment, is incorporated into all models of supervision and is well documented in the literature as a vital function of supervision (Bernard & Goodyear, 2009). Various factors including supervisee anxiety levels, personality characteristics, situational considerations (e.g. case severity, work context) and the need for support/challenge balance are cited as important determinants of the level of support that should be made available to the supervisee (Lampropoulos, 2002). The findings of this study are consistent with the existing literature to the extent that most participants described experiences where the support offered in supervision helped to contain, offer hope, validate and encourage them in their practices leading to a sense of increased self-efficacy (Koob, 2002; Briggs, 2005). Furthermore, there was evidence that case severity and work context played a significant role in determining the extent to which participants relied upon emotional support in supervision. For Louise, working in a high-trauma hospital setting, for example, the emotional support offered in supervision was considered a vital life-line, without which, she would not be able to continue in her work.

In addition to a safe and supportive environment, all participants in this study emphasized the vital importance of respecting and trusting the supervisor as a prerequisite to experiencing helpful emotional support and in determining the type and extent of disclosure brought to supervision. These findings can be mapped to the supervision literature, where trust and respect are usually discussed within the context of the 'supervisory relationship' (Bordin, 1983) which is considered central to effective supervision and which has been written about extensively in the literature (Bernard & Goodyear, 2009, p. 109-192). Definitions of the supervisory relationship are often borrowed from definitions of therapeutic relationships where they concern 'the feelings and attitudes that (supervision) participants have towards one another, and the manner in which these are expressed' (Gelso & Carter, 1985, p. 159). Often framed as the 'Working Alliance' and supported by models of effective working alliances, the 'Supervisory Working Alliance Inventory' has been designed by researchers to measure various aspects of the alliance (Efstation, Patton & Kardash, 1990). Subsequent research in the field has shown, amongst other things, that scores on the Rapport scale of this inventory (which arguably incorporate aspects of trust and respect) correlate

both with supervisees' satisfaction with supervision (Ladany, Ellis & Friedlander, 1999) and their willingness to disclose sensitive material to their supervisors (Webb & Wheeler, 1998).

The relative importance of this 'working alliance' may fluctuate throughout the therapist's career span. It is well documented in research studies that supervisees have different characteristics, needs and abilities depending on their experience levels (Goodyear & Guzzardo, 2000) and that both the behaviour of the supervisors and the supervision relationship change as the supervisee gains experience with, by and large, advanced supervisees requiring less structure in supervision (Worthington, 1987) and wanting more autonomy in their work (Borders, 1990). However, and despite the recognition that development extends across the lifespan of the supervisee (Skovholt & Ronnestad, 1992), most studies investigating the relationship between supervisor/supervisee are based on data drawn from trainees as opposed to more experienced practitioners, where the power balance is different and where the needs of the supervisee are likely to be qualitatively different. For the trainee supervisee, for example, studies have shown that feeling respected and trusted *by* the supervisor is of high importance and is correlated with a strengthened supervisory relationship (Ladany, Mori & Mehr, 2012). However the findings of the current study, which reflect the views of more experienced practitioners, reveal that participants put far greater emphasis on the extent to which the supervisee trusts and holds the supervisor in high regard with far less mention of the need to feel respected *by* the supervisor. These findings lend support to the idea that a developmental approach to understanding supervision may be more helpful when considering the needs of the more experienced practitioner.

Furthermore, an interesting observation about the current findings is that, despite the extensive discourse around the 'supervisory relationship' and the 'working alliance' found in the literature and used routinely across clinical settings in the field, only one participant in the study made brief reference to this terminology. When describing experiences where trust and respect (universally recognized as aspects of the relationship) were helpful, not one participant couched their explanations in terms of the 'supervisory relationship'. Rather, it appeared that helpful experiences relating to trust and respect were largely framed in terms of the extent to which the supervisor was able to satisfy or serve a need in the supervisee by offering alternative ways of thinking or providing emotional support rather than in terms of the mutuality of a relationship incorporating trust and respect. One way of understanding these findings may be as a reflection of the participants' experience and confidence levels where, perhaps, the need for a strong supervisory alliance is of relatively less importance for the very experienced practitioner. It may be that a sense of trust and



respect in their own practice has been internalized over time, reducing the need for external verification. As Sarah puts it, 'I think I can make alliances with or without supervision. You know... supervisors come and go and supervision arrangements come and go and some of it would be better than others but the therapy goes on anyway....so I wouldn't say you've got to have that kind of high quality supervision alliance'. Perhaps with the benefit of experience, and an internalization of good supervision, the need or desire for a strong supervisory alliance diminishes. It appears that there is a shifting of the power balance such that it is the *supervisee* who is evaluating and judging the *supervisor* to determine whether s/he is to be trusted and is worthy of the supervisee's respect amongst these participants.

Another key theme which appeared to predispose participants to experiencing helpful supervision related to the attitude they held towards both supervision and their clients. Participants reported that with the benefit of experience came an attitude of openness, flexibility, curiosity and humor in their work. Louise reported that whereas she used to be guarded in supervision, she now '(does) anything, whatever I need, I ask for'. Similarly Sally reported that she now has 'become quite happy to sit with not knowing things....it's more consultative and it's more take it or leave it...'. For Paul, holding an attitude of curiosity was the key to experiencing helpful supervision and for all participants a mutual flexibility between supervisee and supervisor was vital and could overcome situations where supervisees were working in a different orientation from that of their supervisor. These findings could be seen to support developmental models of supervision which highlight the changing needs and attitudes of practitioners over time and where more personalized and flexible features enter into their practices as they gain experience (Stoltenberg, McNeil, & Delworth, 1998; Ronnestad & Skovholt, 2003). However, there is very little literature/research which addresses the attitudes of more experienced supervisees towards supervision and the findings reported in this study may be among the first accounts reported to date. Importantly, it appears that rather than becoming more rigid or 'set in their ways' with experience, a greater tolerance and appreciation for multiple, pluralistic, flexible ways of understanding client material and working seemed to develop with the benefit of experience.

#### *Superordinate Theme: Factors Which Hinder Supervisee*

A range of experiences, (reflected in the themes of rigidity, power and lack of challenge) were reported by six of the seven participants as having a hindering impact on their practice causing anxiety, damaging self-esteem, inhibiting disclosure and stunting personal and professional

development. Participants recalled experiences from across the life-span of their careers. However, hindering experiences relating to the subthemes of power and lack of challenge were largely recalled from during training or early career while accounts relating to the subtheme of rigidity largely reflected more recent or current experiences indicated by the use of present tense verbs in participant's dialogue including 'it doesn't feel real' or 'I'm failing here' or 'I'm anxious'. This suggests that experiences that are considered hindering may be qualitatively different across levels of experience, supporting the idea of a developmental approach to supervision. Ellis (2010) distinguishes between 'inadequate' supervision (where supervisors fail to adhere to minimal standards of supervisory practice) and 'harmful' supervision (where supervisory practices result in psychological, emotional and/or physical harm or trauma to the supervisee). Underlying the practice of supervision is the fundamental ethical requirement to 'do no harm' and yet in both this study and others cited in the literature, a significant number of harmful incidents have been reported, sometimes with grave consequences causing supervisees to suffer from extreme stress, trauma and health problems, occasionally resulting in supervisees leaving the profession altogether (Nelson & Friedlander, 2001) and, in the case of this study, abandoning working for the NHS in favour of private practice. As Ellis (2010) points out, the prevalence of these incidents dispels the myth that supervisors are always 'doing a good job, protecting clients and supervisees from harm' in the manner that is often assumed. The themes of supervisor's power, lack of challenge and rigidity can be mapped to existing research and are considered below.

The inherent power imbalance in the supervisory relationship, which maps to the current study's subtheme 'power', is well documented in the literature, manifest in an interpersonal exchange where one person (supervisee) allegedly needs the other person (supervisor) more than the other way around; where one person (the supervisor) has permission to comment on the behaviour of the other (supervisee) to a greater extent; and where the supervisor assumes the role of expert as well as evaluator (Bernard & Goodyear, 2009, p. 185). Despite the recognition that interpersonal power permeates supervisors' work, not all supervisors are fully aware of the extent of the impact because, in hierarchical relationships, it is claimed that 'the person with greater power often is able to remain less consciously aware of it than is the person with less power' (Bernard & Goodyear, 2009, p. 185). Acker (1992) suggests that the objective of supervision is to eventually equalize the power imbalance, suggesting a developmental component where equalization is achieved with the benefit of time and experience. Most of the existing research studies which examine power within the context of supervision involve the views of trainee supervisees (e.g. Claiborn, Etringer & Hillerbrand, 1995) and, interestingly, the experiences relating to power in this current study were

drawn from early career or trainee recollections, where equality had not yet been achieved and where, perhaps, supervisors were not as aware of the impact of the power-imbalance in the relationship as they could or should have been. The supervisor's alleged failure to address the power imbalance appears to have had damaging consequences on participants, both personally and professionally, most notably inhibiting disclosure in supervision and preventing supervisees from challenging the supervisor for fear of appearing incompetent or upsetting the supervisor. These findings link in with studies looking more specifically at supervisees' willingness to disclose in supervision and where both uneasiness about receiving a poor evaluation from supervisors, and feelings of deference (i.e. that it is not the supervisee's place to bring up material that would be uncomfortable for the supervisor), ranked as significant obstacles to transparent disclosure of information in supervision (Ladany, Hill, Corbett & Nutt, 1996). The absence of recent experiences in the participant accounts may suggest that some of these concerns diminish with the benefit of experience, increased confidence and the achievement of a relative balance of power. However, the accounts are a reminder of how filtered the material brought to supervision can be, and of the dangers associated with failing to address the imbalance of power directly. Without sufficient supervisee disclosure, the aims and objectives of supervision cannot be fulfilled and opportunities to reflect on experience and learn from it are significantly reduced.

An interesting observation relating to this theme was that the one participant who did not report on any experiences relating to hindering impact of power on practice, was male. This finding raises questions about the potential role of gender in determining the way in which power is experienced in supervision. Research which has considered this topic suggests that gender does indeed play a significant role. Nelson and Holloway (1990), for example, found that both male and female supervisors were less likely to encourage the assumption of power in female supervisees than in male supervisees and, furthermore, that female supervisees were more likely to decline opportunities to assert themselves as 'expert' than their male counterparts. Similarly Granello, Beamish & Davis (1997) found that irrespective of the supervisor's gender, male supervisees were asked for their opinion in supervision more than twice as often as female supervisees and female supervisees were more likely to be told what to do. The findings of this study map on to existing research and may reflect some of these gender differences at play. They may also say something about the nature of supervision practice from over 15 years ago. The absence of more recent participant accounts of experiences relating to this theme may be understood both in terms of an equalization of power with experience and/or a shift in the way that supervision is approached

today, now that the profession has a heightened awareness of the potential impact of power and gender issues in supervision.

The importance of finding optimal levels of supervisor challenge versus support is well documented in the supervision literature (Blocher, 1983), particularly in the context of managing supervisee's anxiety and maps to the current study's subtheme 'lack of challenge'. It is generally accepted, in line with developmental conceptualizations of supervision, that beginning supervisees require more support and structure than those who are more experienced (Heppner & Roehkle, 1984; Stoltenberg, Pierce & McNeil, 1987). Furthermore, it is claimed that beginning supervisees have a heightened need to feel and appear competent as compared to their more experienced colleagues. Studies have shown that 'believing that I [the supervisee] have sufficient skills as a counsellor or psychotherapist to be competent in working with my clients' is rated as highly important by beginning trainees (Rabinowitz, Heppner & Roehlke, 1986) and highlights the important role of self-efficacy in the development of practitioners (Barnes, 2004). Too much support/structure is understood to deprive supervisees of taking the initiative and of the opportunity to try new behaviours, while too much challenge can cause the supervisee to become anxious, overwhelmed and incapacitated (Bernard & Goodyear, 2009, p. 181). The experiences reported in the current study were, again, largely drawn from supervision during training and add to the dialogue around the support/challenge balance in supervision by highlighting the less mentioned detrimental impact of too little challenge which emerged in the data. It appears that support combined with too little challenge can have very damaging consequences for supervisees causing them to lose faith in supervision, lose trust in the supervisor and to harbour a sense of betrayal and resentment for being allowed to create a distorted sense of competence.

The most compelling participant accounts of harmful experiences appeared to relate to the theme of 'rigidity' where the supervisor's directive instruction or inability to allow space for alternative ways of thinking or responding to a client, left the supervisee feeling anxious, undermined, deskilled and constrained. Similar findings have been reported in the literature where supervisees equated negative supervision with experiences where they perceived their supervisors as being rigid (Allen, Szollos & Williams, 1986; Hutt, Scott & King, 1983). Prescriptive, inflexible ways of working, particularly within NHS settings which largely promote CBT as a preferred therapeutic approach, appeared to create an internal conflict for participants where the demands of the setting/supervisor felt at odds with either the supervisee's understanding of the client's process or the supervisee's personal way of working, and sometimes both. At times, the tension was reported as unbearable

resulting in supervisees either switching supervisors or moving work settings. One way of understanding this tension is from a developmental perspective where the more directive approach of supervision (sometimes appreciated by relatively inexperienced trainees) is no longer suitable for experienced supervisees who have developed their own unique and flexible techniques and ways of working (Ronnestad & Skovholt, 2003). Alternatively (or in addition), it is possible that rigid supervision goes against the core humanistic values of Counselling psychology where practitioners prioritize the relational aspects of therapeutic work above prescriptive technique. For these participants, who appeared to have developed curiosity and a capacity to sit more comfortably with difficult feelings, uncertainty and the unknown aspects of experience, the closing down of possibilities in terms of conceptualization and technique through rigid approaches perhaps felt harmfully limiting, impacting both their personal development and their work with clients.

*Superordinate Theme: Impact on Working with Clients*

One of the main purposes of supervision is to improve the service offered to clients. Establishing supervision's positive impact on client outcome is considered to be the 'acid test' or the gold standard of its effectiveness (Bernard & Goodyear, 2009). As noted in the Introduction Chapter, research in this area is extremely limited and the complexities inherent in attempting to 'prove' supervision's efficacy are many and varied. If practitioners are unable to state with certainty what it is about individual therapists or the process of therapy generally that leads to successful outcomes (Cooper, 2008), then it follows that developing effective supervision which aims to enhance the quality and competence of practice offered to all clients is an inherently difficult endeavour, and establishing causality is highly problematic.

Notwithstanding the difficulties in researching the impact of supervision on working with clients, there is still value in obtaining the views of practitioners who are, arguably, best positioned to report on their direct observations. Participants in this study shared compelling accounts of ways in which they understand their experience of supervision to have had a direct and positive impact on their work with clients, by shaping and focusing the course of therapy (for example, through specific practical tips or suggestions for interventions); affecting their way of being in the room (for example, through modelling a more relaxed approach to client material), and enhancing or 'saving' their relationship with clients (for example, through expanding their understand of client issues, and perhaps leading to greater empathy). The findings complement the work of Vallence (2004), (referenced in the Introduction) which similarly found supervision to shape various aspects of the way in which therapists work with their clients.

Many of the experiences reported in relation to this theme represented recent encounters, highlighting the importance of on-going, life-long supervision. While supervisees reported that they had developed their own ways of working and did not necessarily implement the suggestions put forward by supervisors, they still appear to value alternative ways of looking at things and the support offered.

### **Summary of major findings relating to experienced counselling psychology practitioners**

Participants reported experiences of supervision which both helped and hindered their practices in different ways and across their careers. There are many significant features of the findings (as discussed). However, four key aspects of the findings which relate specifically to these *experienced* practitioners at this stage in their careers are summarized here as they reflect a unique contribution to knowledge for this underrepresented group of practitioners in the research literature. First, it is clear that all participants still value good supervision even at their advanced levels. Second, experience appears to play a significant role in shaping the way in which the learning in supervision is used and applied at this level. Specifically, supervision is viewed as offering another layer of possibility in terms of how one *might* understand client material or approach practice interventions, rather than being viewed as a superior or definitive instruction to be duly followed. Third, and relating to this finding, is a broader shared attitude amongst the participants towards supervision, marked by openness, flexibility, curiosity and humour. Supervisor flexibility, in particular, was cited as a critical (almost essential) factor in helpful supervision for these participants at this stage in their careers, and rigidity in supervision was correspondingly cited as a hindering and damaging factor. Fourth, and perhaps most noteworthy, is the finding that these experienced practitioners do not appear to have a need or desire for a mutually strong supervisory alliance in order to find value in supervision. Far more emphasis was placed on the one-way need to be able to trust and look up to the supervisor for their insight, contributions and added value.

### **Some implications of the findings and areas for future research**

The findings outlined in the above summary and those discussed in the previous section all have potential implications for practice and future research. A few key implications are noted here. First, this study highlights the importance of ongoing, life-long supervision, as all participants continued to find value in their supervision experiences throughout their careers. It also highlights the

importance of adopting a developmental conceptualization of supervision which accommodates the different needs and attitudes of experienced supervisors. Experienced practitioners appear to hold a different attitude towards both the practice of supervision and the supervisory alliance and these findings suggest that a 'one-size fits all' approach to supervision may fail to accommodate the needs of more experienced practitioners who feel constrained by standardized, manualized approaches to supervision and expect a high level of expertise from their supervisors in order to experience it as helpful. 'Rigidity' was cited as a critical factor in hindering supervision, having damaging consequences and, in one case, causing a participant to abandon working for the NHS. These findings may hold particular significance with the roll out of the government's Increasing Access to Psychological Therapies (IAPT) initiative and the move towards more competency-based manualized supervision. There is a risk that experienced practitioners may find the structure surrounding these initiatives too restrictive and may choose to practice elsewhere. There is therefore a very real possibility of losing 'expert' practitioners from NHS settings which, arguably, provide a more rigid approach as compared to other work settings (such as private practice) which may accommodate the needs of experienced practitioners more easily by providing more flexibility. It is suggested that more research which focuses on the needs and views of experienced practitioners is needed in order to both expand our understanding of supervision throughout the lifespan and also to inform current initiatives that are taking place in the field.

### **Critical Evaluation (of this study and IPA)**

The main aim of this study was to identify ways in which clinical supervision impacts the practice of Counselling Psychologists by asking experienced practitioners whether their experiences of supervision have helped or hindered their practices. Through the process of IPA, 3 superordinate themes and 9 sub-themes emerged from the data indicating that, by and large, this objective was successfully met. A second aim of the study was to shed light on whether the lived experience of supervision links with the aims, objectives and conceptualizations of supervision outlined in the literature and through the process of linking findings to existing literature in this Discussion chapter, key areas where lived experiences converge and diverge with the espoused aims and objectives of supervision have been highlighted.

### *Standards of Rigour & Trustworthiness*

The question of how to assess standards of trustworthiness and rigour in qualitative research has been widely discussed in the literature and suitable criteria are partly determined by the paradigm

underpinning the study (Morrow, 2007; Willig, 2001). However, many criteria are relevant to all qualitative research including, for example, 'adequacy of data (both in type and amount); the quality of analysis; researcher reflexivity; and the use of 'thick descriptions' (Ponterotto, 2005). Yardley (2000) outlines four broad principles for assessing the quality of qualitative research which are helpful when assessing the quality of IPA. These include a) *sensitivity to context* (demonstrated in a variety of ways through, for example, the manner in which interviews are conducted, how data is handled, whether arguments/interpretations are supported, how existing literature is represented); b) *commitment and rigour* (demonstrated through, for example, the researcher's attentiveness to participants and handling of data, thoroughness of analysis, levels of description/ interpretations; c) *transparency & coherence* (demonstrated through, for example, the clarity of the write-up, the phenomenological and hermeneutic sensibility within the study, the attempt to show the reader that the study does 'do' what it is claiming to do); d) *impact & importance* (demonstrated by its capacity to tell the reader something interesting, important and/or useful).

The researcher attempted to ensure high standards of rigour and trustworthiness of analysis, results and conclusions throughout this IPA study, by bearing the above criteria in mind throughout the research process and by adopting a reflective and open attitude towards the project. The role of reflexivity was important in order that awareness of how the researcher's attitudes, beliefs and fore-knowledge may impact the course of the study and the interpretation of findings. In addition to adhering to the principles above, the researcher conducted a hypothetical 'independent audit' (Yin, 1989) where the research report was filed and stored in such a way that an independent individual could follow the procedures and logic of the study from initial notes on the research question through to final conclusions and claims and see, with transparency and integrity, where the researcher based her claims. Furthermore, to strengthen the rigour of the study, the researcher asked for feedback from a qualified colleague on the thematic conclusions drawn from the data. The first transcript was discussed in depth to determine whether the researcher's initial codes, categories and themes had some transparency in relation to the transcripts being examined and it was agreed that they did.

IPA as a method has been criticised on a number of grounds (Willig, 2001; Giorgi, 2010). It is beyond the scope of this thesis to cover them in any great detail or to give them the attention they deserve in this chapter. However a few of the key criticisms will be briefly mentioned here as they go to the heart of what IPA is about, challenge the underlying assumptions of the method and highlight potential limitations of this study. The first relates to the role of language in IPA. IPA is concerned



with meanings and experience. It uses language as the vehicle through which to access experience, recognizing that one can never truly access raw experience, but trusting that language has a degree of representational validity in terms of its capacity to convey meaning around experience. However, it has been argued that IPA fails to recognize the full constructive qualities of language in shaping experience and that language prescribes our experience rather than describing it. In the current study it is inevitable that this potential limitation applies. However, IPA recognizes the limitations of language and it is partly for this reason that additional queues are absorbed into the data analysis (e.g. body language, tone, pitch, or the language choice of the participant) in order to try and obtain as much understanding around experience as is possible through both the verbal and non-verbal communications, whilst fully acknowledging the impossibility of ever truly being able to speak of raw experience.

Second, the quality of an IPA study relies both on the quality of the original accounts AND the researcher's interviewing ability and capacity to reflect and interpret findings. Some participants may lack the vocabulary or capacity to convey richness and texture around their experience through language and this has been cited as a weakness of the methodology. In the current study, the quality of the original accounts was arguably high as all participants were extremely articulate and appeared to have no difficulty recalling experiences and conveying their thoughts and feelings during the interview. The researcher, however, was engaged in her first IPA study and undoubtedly there are areas which could have been improved. One of the challenges encountered by the researcher during interviews, for example, was the conflict which arose between allowing the participants' experience to emerge organically versus consciously and/or inadvertently focussing the interview on specific aspects or areas of an experience. Through prompts such as 'tell me more about how that made you feel...', the researcher, at times, inevitably steered the direction of the interview down particular paths of interest, despite attempting at all times to keep the questions open and flexible. The dialogue between researcher and participant will have therefore played a significant role in determining the nature of the data gathered. A similar tension returned at the point of analysis where, inevitably, the researcher may have 'seen' and focussed on certain aspects of the data whilst unconsciously failing to 'see', identify or attribute importance to other aspects. IPA acknowledges an inevitable degree of researcher interpretation as opposed to mere description in the process of analysis and in the reporting of results, and whilst the researcher attempted to ground all interpretations in the data itself, there were times when the researcher 'dug deep' to make sense of data, thereby shaping the outcome of the analysis. Furthermore, the researcher aimed to incorporate 'thick description' which is a concept often considered crucial to the effective

reporting of qualitative results. It relates to going beyond a bland description of data and '...presents detail, context, emotion, and the webs of social relationships that join persons to one another. Thick description evokes emotionality and self-feelings. It inserts history into experience. It establishes the significance of an experience, or the sequence of events, for the person or persons in question.' (Denzin, 1989; Ponterotto, 2005). Reference to thick description, with specific examples, was made earlier in this Discussion Chapter to alert the reader to areas where the level of researcher interpretation moved beyond description in order to illuminate and make better sense of a participant's account. With more experience, the researcher could perhaps have reflected more deeply on the extent to which researcher bias and process determined the outcome of the study. Whilst in-depth interpretation is considered a strength of IPA by proponents of qualitative research, it could, arguably, be seen as a weakness of the method if judged against more positivist 'scientific' criteria such as 'replication', i.e. the capacity to replicate results across researchers (e.g. see Giorgi, 2010).

Third, IPA has been criticised for its flexibility and failure to adequately prescribe steps and set parameters for practicing the method. As Giorgi describes, '...science demands that the degree of latitude allowed should be spoken to, otherwise, it is imaginable that without any direction the modification could be so large that it becomes a deviation and an entirely different method is created' (Giorgi, 2010, p. 7). Whilst the researcher disagrees with the claim that IPA fails to offer adequate parameters for practice (see Smith's reply to Giorgi in Smith, 2010), there are areas where the researcher's interpretations of how to apply the method could be criticized. Two such examples are offered here. The first example relates to homogeneity of the sample. Smith et al (2009, p. 48-50) offer guidance on how to find a suitable sample and recommend that researchers try to find 'a fairly homogenous sample, for whom the research question will be meaningful' (Smith et al, 2009, p. 49). The extent of the homogeneity inevitably varies from study to study as a result of practical and interpretative considerations. In the current study, the sample includes six females and one male. It could be argued that including one male in the sample breaches the requirement for homogeneity of sample and contaminates the data to some degree. However, it can equally be argued that in the current study, gender differences were not as relevant to the study as other factors (e.g. experience of supervision, years of practice post accreditation etc) and that, on balance, the sample retained its homogeneity, despite having this gender split. The researcher acknowledges that having an all-male or all-female sample set would have increased the homogeneity of the sample. However, it would have simultaneously deprived the researcher of an opportunity to examine the pattern of convergence and divergence which arose at various points in the analysis between the genders (e.g.

see discussion in relation to the theme of 'power' and gender differences on page 74 of this paper). Furthermore, it was considered that the ratio of female to male participants in the current study more accurately reflects the profession of counselling psychology more generally where there is currently, according to recent (2014) HCPC statistics, a ratio of 5:1 (female to male) registered counselling psychologists. There is therefore a degree of researcher's judgement involved in determining the homogeneity of the sample in IPA research and the emphasis and importance of certain variables can differ across researchers.

The second example relates to the researcher's decision to allow participants to speak of their experiences of clinical supervision broadly and openly without asking them to clearly differentiate between specific modes of supervision (e.g. one-to-one, group, peer etc). It could be argued that by leaving participants this freedom, clear and distinct experiences of the different modes are not sufficiently captured in the Analysis and that perhaps focussing on a particular mode of clinical supervision would have created a tighter and more directed study. However, the researcher was interested in understanding the phenomenon of clinical supervision as it emerged through the participants' experiences and aimed to provide participants with the freedom to explore any aspect of their supervision experience. It became clear in the interviews themselves whether a participant was describing an experience from one-to-one, group or peer supervision and the deliberate lack of definition exposed the finding that supervisees often have their needs met through the various modes which can serve different purposes for different individuals. Further studies, investigating particular modes of supervision could shed more light on how the different modes converge and diverge in the meeting of supervisee needs.

Whilst there are many areas that might be improved, these particular criticisms may say less about the failings of the research method and the current study itself, and more about the inherent complexity of attempting to conduct research within the social sciences. IPA does not claim to operationalize phenomenology. Rather it is informed by some of the principles and methods associated with it and attempts to straddle and reflect both the certainty and uncertainty of complex human experience by providing both structure and flexibility within the application of the method.

### **A Broad Reflection**

Contemporary understandings of supervision appear to be largely shaped by an evidence-based positivist discourse which has come to dominate the field of Psychology more generally and in doing so, aspects of the lived experience of the phenomenon are at risk of being lost and ways of

understanding the phenomena are becoming limited. Despite the wide and varied approaches to understanding supervision that have emerged, it appears that the increased demand on health professionals to demonstrate the efficacy of their activities as part of the Evidence Based Movement in health sciences, is leading supervision discourse down a particular avenue which legitimizes and prioritizes a particular way of knowing about the phenomenon, namely as an activity that can be broken down into a series of competencies (knowledge, skills and values) which can, in turn, be standardized, trained and assessed. Whilst there is an inherent appreciation for the complexity of the personal, interpersonal and relational aspects of the supervisory exchange within the descriptions of what constitutes supervision in the literature, there is, simultaneously and paradoxically, an objectifying of the phenomenon in order that it fits into the cultural science-practitioner context within which it must operate.

There are undoubtedly substantial benefits to the current conceptualizations of supervision and tremendous advances in our understanding of the phenomenon have been made as a result of valuable research contributions to the field. The researcher is not suggesting otherwise. However, there is also a risk that evidence-based health science becomes a 'regime of truth' (Holmes, Murray, Perron & Rail, 2006) and that other ways of knowing about supervision become side-lined. At the moment, supervision discourse is largely seated in a positivist world-view, where reality is seen as objective, existing 'out there', independent of the human observer, adopting a dualist ontology where knowledge is viewed as a transferrable object which can be acquired through learning and studied separate from the sociocultural context in which it is used. While this approach may have benefits for practitioners and the field more generally, there is a danger that the relational and experiential lived aspects of supervision which resist quantitative analysis, but are central to the supervisory exchange (as demonstrated through this study), will get side-lined. As Bernard and Goodyear (2009) point out 'In return for reducing confusion by focusing our attention on a particular phenomena, we then necessarily miss a great deal that might otherwise be useful to us' (p. 78). This presents as a strange irony where the efforts to better define and understand supervision in fact move us further away from getting to know and understand the true nature of the phenomenon. The researcher believes that it is important to remain open to other discourses and ways of understanding this complex phenomenon and promotes a pluralistic approach to research in order that a more balanced appreciation of the phenomenon can be obtained.

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## Ways in which clinical supervision impacts practice as an experienced Counselling Psychologist: An Interpretative Phenomenological Analysis

### **APPENDIX A: The Researcher's Personal Response to the Research Question (written in the first person).**

My interest in clinical supervision developed during my first year of Counselling psychology doctoral training at Roehampton University. Supervision forms an integral part of the doctoral program and it is a requirement of all Counselling Psychologist trainees to attend, initially at a ratio of 1 hour of supervision for every 4 hours of client work. My understanding of, and assumptions around, supervision were limited and brought with me from previous business work environments where the term 'supervision' implied something relating to mentoring, support, and evaluation. Despite not knowing how my preconceptions would map on to supervision in a clinical setting, I assumed that supervisors were there to discuss my client work, to monitor my progress and to feed back to the University with intermittent progress reports. I also assumed that supervision would be a supportive learning environment which would help me to develop in my practice. Importantly, I assumed that my experience of it would be relatively consistent across placements and that a clear picture of its purpose and function would quickly emerge once I started to attend sessions.

My experiences of supervision varied widely across placement settings and led to some confusion about the purpose of supervision and how to use it. To borrow Finlay's (2011) words, my collective experience could best be described as 'complex, rich, messy and ambiguous' with certain aspects of the experiences offering invaluable support to my personal and professional development, and other aspects creating obstacles to learning, inhibiting creativity and resulting in unhelpful levels of anxiety both inside and outside the supervisory context. In my first year of training, I was learning how to work in a Person-Centred model and was attempting a relatively purist approach in my work. I attended two external supervision groups (one at each placement) and one internal supervision group (as part of the PsychD programme). I felt most supported both personally and professionally in the groups where the supervisor and/or other supervisees were working in, or had experience of, the person-centred therapeutic model and where the supervisors adopted an open, mentoring and empathic approach that provided a sense of safety with a healthy balance between challenging and supporting me in my work as a trainee. I found my confidence in these groups grew rapidly allowing me to ask questions, disclose difficulties, expose vulnerability and challenge both myself and others in the groups in a productive and inspiring way. Importantly, I began to learn about sitting with silence and with the unknown both in terms of my own material and my client's material. I learned that my lack of understanding was not entirely down to a lack of experience and knowledge, but was an inherent part of the therapeutic work itself, requiring reflection and deeper thinking.

In stark contrast, I experienced the third supervision group as a bi-monthly, anxiety-provoking endurance test which inhibited my learning, did not support my client work and caused me to both clam up with fear and resist disclosure of difficult personal and/or client material. The group I joined was well established as the members had been working together for many years and both the supervisor and supervisees worked psychoanalytically. There was no explanation of how the group ran and the seriousness and silence in the room at the start of each session made me uneasy and anxious. I was acutely aware of being an outsider as I listened in on psychoanalytic explanations of other supervisees' client material. They appeared confident in their assessments and interpretations of what was happening for their clients and seemed to 'know' and make sense of client presentations in a way that I both envied and disliked. I was far less sure of the conclusions they had drawn and I felt intimidated and inadequate as I arrived at supervision with many more questions than answers around my own client material.

I reflected on my experiences in supervision at length with my personal therapist over a number of weeks. I felt a sense of urgency to figure out what was making supervision so anxiety-provoking and to 'fix it'. We explored a range of issues including my own fear of being left out, my early experience of situations which provoked similar feelings of anxiety and my resistance to confronting my supervisor to discuss what was happening. I learned a great deal about myself and my insecurities. Importantly, I began, with the help of my therapist to sit with the possibility that I may not ever fully understand or come to know the dynamics at play in the supervision group. Letting go of wanting to make sense of everything somehow freed me and I felt able to confront my supervisor. The disclosure of my anxiety led my supervisor to arrange a group discussion to address, directly, the dynamics in the group. The discussion resulted in a tremendous revelation. The other members of the group disclosed that they had indeed resisted my joining the group. But their reason was entirely unexpected – it was because they felt intimidated at having a doctoral trainee who would perhaps be more up to date with theory than they were, leaving them feeling uncomfortable and threatened by my presence. This experience in supervision had a profound effect on me and my practice. It jolted me into realizing how quick I was to make assumptions and to perceive a set of circumstances in a particular way. It also tapped into something about knowing, sitting with not knowing, possibilities and limitations of supervision experience.

I was able to see the tremendous benefits that had emerged as a result of my difficult experience in supervision and how the initially hindering aspects of the anxiety-provoking experience gave way to more profound insights and perhaps enhanced my work with clients by helping me to be less quick to judge and more able to sit with not knowing, allowing truths and meanings to emerge in their own time through the process of reflection and talking. Overall, and with hindsight, I concluded that the collective experience of supervision in the first year of my training ultimately helped me far more than it hindered me in my practice. However, the (potentially dangerous) arbitrariness of these experiences did raise many questions for me about supervision including: What actually is supervision? What is its purpose? Is it definable and

## **APPENDIX A....cont'd**

how does it impact on our practice? What are our assumptions behind the term supervision? Is it perhaps the potentially unpredictable and arbitrary nature of the experiences across settings and modalities that adds richness and depth to the experience of supervision? Or should a more consistent and uniform experience be sought to reduce supervisee anxiety and create structure and certainty. Or both? What is it about the experience of supervision that helps and hinders us in our practice? Does our perception of what helps and hinders alter with time? What exactly goes on in the relational space between supervisor/supervisee that allows for growth or learning to take place? These were the sorts of questions that led to my initial decision to conduct research in this area and, specifically, to explore the perceptions of experienced therapists who had attended a wide range of supervision (1-1, group and peer) across many years and different settings. I decided to focus my research by asking 'how (if at all) do experienced Counselling Psychologists see their experience of supervision as having helped or hindered their practice?' I then turned to the literature and discovered the overwhelming volumes of books and journal articles written by practitioners, academics and professional scholars who similarly had a fascination with the phenomenon of supervision. This, in turn, led to further questions relating to the gaps that exist between supervision theory, practice and experience.

Ways in which clinical supervision impacts practice as an experienced Counselling Psychologist:  
An Interpretative Phenomenological Analysis

**APPENDIX B: Participant Demographic Table**

| Participant                   | Age | Gender | Clinical Experience<br>(Years <i>post-</i> accreditation) | Hours of Supervision attended<br>(Estimate) | Therapeutic Orientation                                  | Work Setting                    | Type of Supervision attended (e.g. Group, 1-1, Peer) | Type of Supervision currently attending (e.g. Group, 1-1, Peer) | Frequency of current supervision     |
|-------------------------------|-----|--------|---|---|--|---------------------------------|--|---|--------------------------------------|
| Jane (RP01)<br>Transcript A   | 54  | Female | 7   | 200   | Integrative  | NHS hospital                    | All  | 1-1; peer   | 1-1: fortnightly<br>Peer: Bi-monthly |
| Louise (RP02)<br>Transcript B | 58  | Female | 8   | 200   | Person Centred/<br>Integrative                           | NHS Hospital                    | 1-1; Group   | 1-1; Group  | 1-1: monthly<br>Group: monthly       |
| Claire (RP03)<br>Transcript C | 62  | Female | 20  | 480   | Integrative  | NHS/<br>Private practice        | All  | 1-1   | 1 every 6 weeks                      |
| Sally (RP04)<br>Transcript G  | 47  | Female | 8   | 400   | Integrative  | Primary Care                    | 1-1; Group   | 1-1; Group  | 1-1: weekly<br>Group: weekly         |
| Karen (RP05)<br>Transcript D  | 61  | Female | 6   | 400   | Person Centred/<br>Integrative/<br>Psychodynamic/<br>CBT | GP Surgery/<br>Private practice | All  | 1-1; Peer   | 1 per 8 client hrs                   |
| Sarah (RP06)<br>Transcript E  | 52  | Female | 20  | 900   | CBT  | IAPT                            | All  | 1-1; Peer   | 1-1: monthly<br>Peer: monthly        |
| Paul (RP07)<br>Transcript F   | 86  | Male   | 31  | 600   | Humanistic/<br>existential/<br>transpersonal             | Private practice                | All  | Peer  | Peer: weekly                         |



Ways in which clinical supervision impacts practice as an experienced Counselling Psychologist:  
An Interpretative Phenomenological Analysis

APPENDIX C: Ethical Approval



SCHOOL OF HUMAN & LIFE SCIENCES  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London SW15 4JD  
Dr. Lance Slade  
Tel: +44 (0)20-8392 3576  
e-mail: l.slade@roehampton.ac.uk

**MEMORANDUM**

**TO:** Lucy Kerr  
**CC:** Dr. Ditty Dokter  
**CC:** Dr. Dennis Greenwood  
  
**FROM:** Dr. Lance Slade  
  
**DATE:** 16<sup>th</sup> November 2009  
  
**SUBJECT:** Ethics Application (Ref: PT 09/ 026)

I am pleased to advise you that the School Ethics Committee has made the following decision with regard to the Ethics Application for your project entitled:

**“An Exploration of the Ways in Which Clinical Supervision Impacts Practice as a Counselling Psychologist.”**

|  |                                     |
|--|-------------------------------------|
| 1: Approved                                  | <input checked="" type="checkbox"/> |
| 2: Approved with Minor Conditions/ Revisions | <input type="checkbox"/>            |
| 3: Approved with Major Conditions/ Revisions | <input type="checkbox"/>            |
| 4: Rejected                                  | <input type="checkbox"/>            |

Details of this decision will be passed on to the University Ethics Board for ratification, who will contact you directly by email regarding this.

**IMPORTANT:** Please note that the decision of the School Ethics Committee is given pending ratification by the University Ethics Board, and you may not proceed with your research until you receive notification that your application has been approved by them.

**Conditions/ Revisions:**

The Chairs of the School Ethics Committee (Dr. Lance Slade) or of your Subject Area Ethics Working Group (Dr. Dennis Greenwood) will be happy to provide any further feedback to you.

Please could you confirm with Lemady Rochard, Secretary to the University Ethics Board, and the chair of your Subject Area Ethics Working Group once you have successfully met any conditions imposed.

With very best wishes for a successful project,

A handwritten signature in black ink, appearing to read 'Lance Slade'.

Dr. Lance Slade  
(Chair HALS School Ethics Committee)

**APPENDIX D: BPS Advertisement**

**Are you an accredited Counselling Psychologist with 5 years post-qualification practising experience? Would you be prepared to talk about your experiences of clinical supervision?**

I am a doctoral research student at Roehampton University, looking for participants to take part in my study which aims to explore ways in which clinical supervision impacts practice as a Counselling Psychologist. Your participation would involve a single, face-to-face interview with me at a time and place that is convenient for you.

If you might consider generously offering an hour of your time to this research, and/or if you would like to find out more, I would be very grateful to hear from you. Please contact me directly:

Lucy Kerr

Trainee Counselling Psychologist

Email: [lkerr@sky.com](mailto:lkerr@sky.com); Tel: 07976 947 119

**This research has ethical approval and is supervised by:**

Dr Julia Cayne

School of Human and Life Sciences

Roehampton University

Whitelands College

Holybourne Avenue

London

SW15 4JD

Tel: 0208 392 5788

[j.cayne@roehampton.ac.uk](mailto:j.cayne@roehampton.ac.uk)

APPENDIX E: Recruitment Poster



RECRUITMENT POSTER

**Title of Research Project:** An Exploration of Ways in Which Clinical Supervision Impacts Practice as an Experienced Counselling Psychologist.

# **Are you an accredited Counselling Psychologist with 5 years post-qualification practising experience?**

**Would you be prepared to talk about your experiences of supervision in a one-to-one interview?**

**I am a doctoral research student at Roehampton University, looking for participants to take part in my study which aims to explore ways in which clinical supervision impacts practice as a Counselling Psychologist. Your participation would involve a single, face-to-face interview with me at a time and place that is convenient for you.**

**If you might consider generously offering an hour of your time to this research, and/or if you would like to find out more, please contact me directly:**

**Lucy Kerr**

**Training Counselling Psychologist**

**Email: [lkerr@sky.com](mailto:lkerr@sky.com)**

**Tel: 07976 947 119 / 0208 392 9464**

**Thank you for taking the time to view this poster.**

**APPENDIX F: Initial Correspondence Letter/email**



School of Human and Life Sciences  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD

**Title of Research Project:** An Exploration of Ways in Which Clinical Supervision  
Impacts Practice as an Experienced Counselling Psychologist

Dear \_\_\_\_\_,

I am a Trainee Counselling Psychologist at Roehampton University, undertaking a doctorate thesis which aims to explore the impact of clinical supervision on practice. I am looking to recruit participants who have been practising for a minimum of 5 years post-qualification and I understand that you fit these criteria. I would be very grateful to have the opportunity to ask you about your experiences in supervision. Supervision appears to play a significant role in the development of practitioners and is heralded as offering a means by which the profession can ensure 'best practice'. Yet relatively little is understood about how, if at all, the lived experiences of supervision impact practice as psychologists. My hope is to broaden our understanding of this question by asking experienced practitioners various questions including how, if at all, their experience of supervision has helped or hindered their practice.

If you are able to generously offer an hour of your time to meet with me somewhere that is convenient for you, I would be extremely grateful to you. I have attached an information sheet which includes more details about the research. If you would like to find out more or to volunteer, please contact me.

Thank you in advance for your kind consideration.

Yours sincerely,

Lucy Kerr  
Counselling Psychologist in Training  
Tel: 0208 392 3611/07976 947 119  
Email: [lkerr@sky.com](mailto:lkerr@sky.com) ; [kerrl11@roehampton.ac.uk](mailto:kerrl11@roehampton.ac.uk)

**APPENDIX G: Participant Information Sheet**



## **Participant Information Sheet**

### **How, if at all, has your experience of clinical supervision helped or hindered your practice as an experienced Counselling Psychologist?**

I am a Trainee Counselling Psychologist at Roehampton University, undertaking a doctorate thesis which aims to explore the impact of clinical supervision on practice. If you are a qualified Counselling Psychologist and have been practising for a minimum of 5 years post-qualification, I would be very grateful to have the opportunity to ask you about your experiences in supervision. Please take a moment to read through the following information to see whether you might be interested in taking part. Thank you for your consideration.

**Title of Research:** An Exploration of Ways in Which Clinical Supervision Impacts Practice as a Counselling Psychologist

#### **Brief Description of Research Project:**

The aim of this study is to explore ways in which clinical supervision impacts practice as a Counselling Psychologist. It is often assumed that supervision plays both an important and beneficial role in the development of psychologists throughout their careers and that it helps to ensure best practice in the interest of the client and within the profession more broadly. However it is not always clear whether and/or how the lived experience of supervision supports these assumptions. Through listening to your accounts of supervision, I hope to identify ways in which supervision is seen as informing practice and consider whether and/or how these link to some of the claims that are made about the role of supervision in practice.

#### **What will taking part involve?**

Taking part means attending a one-to-one semi-structured interview which will last approximately 1 hour. During this interview I will ask you to reflect on the experiences of supervision that have helped or hindered your practice. The interview will be recorded and transcribed at a later date. The transcription will be analysed individually and also in relation to approximately 6-8 other transcripts.

Taking part is entirely voluntary and you are free to refuse to answer questions or withdraw from the study without giving any reasons at any stage. To withdraw, you must email or telephone me stating your wish to withdraw and providing details of your ID number which you will have been given when you initially agreed to take part. Any data collected from you will promptly be removed from the study. If you withdraw after the analysis has been conducted, some of the essence of your reported experiences may have been absorbed into the broader analysis, but any specific quotes or examples from transcripts will be removed.

#### **Anonymity:**

## **APPENDIX G...cont'd**

I will make every attempt to keep your identity anonymous. Your transcription will be given a letter code and will be stripped of all identifying details (e.g. names, dates, places, etc) prior to the write-up of the study. All information that you provide – including personal details (e.g. contact information) and interview data – will be stored securely on a password protected computer and in locked filing cabinets. I am the only person with access to these secured locations.

You should be aware that although transcripts will be stripped of any details which might identify you, they may be read by examiners and segments may be included in the final write-up of the report which may be placed in the University library and submitted for publication.

In extremely rare and unlikely circumstances, and in line with BPS guidelines (2006), I am obliged to break confidentiality if it becomes evident that someone is at physical or psychological risk or if you disclose information that seriously questions your capacity to practice ethically. It is a requirement that I mention this.

### **What are the potential benefits of participating?**

It is hoped that through taking some time to reflect on and talk about your experiences of clinical supervision, you might gain an enhanced awareness of the ways in which it impacts your practice as a psychologist. To aid this, you will be offered a copy of your interview transcript together with the first stage of the analysis. It will also give you an opportunity to engage with the experience of being a research participant and this may be useful to you if you are involved or considering being involved in research as part of your own practice.

### **What are the potential risks of participating?**

There is a low but real risk that you may uncover sensitive material during the interview process that may affect your view of yourself, your supervisor(s) and/or your practice. Should such issues arise, it is important that you are able to access suitable support. I will be available for 15 minutes after the interview to discuss any issues that may have come up for you immediately following the interview and (if you wish) to provide you with details of how to locate a therapist near you should you care to discuss any topics/issues in greater depth.

### **Next step:**

If you have read through this information sheet and are willing to participate in my research, please contact me (preferably by telephone or email). I will be happy to answer any questions you might have about the research and we can agree a time and place to meet for the interview. I will also send you a participant consent form to sign and either return by post or bring with you to the interview.

**APPENDIX G...cont'd**

Thank you very much for taking the time to consider participating in this study.

Lucy Kerr  
School of Human and Life Sciences  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London SW15 4JD

Tel: 07976 947119 Email: [lkerr@sky.com](mailto:lkerr@sky.com)

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School (or the research Supervisor or the Director of Studies.)

**Supervisor Contact Details:**

Dr Julia Cayne  
School of Human and Life Sciences  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD  
Tel: 0208 392 5788  
[j.cayne@roehampton.ac.uk](mailto:j.cayne@roehampton.ac.uk)

**Director of Studies Contact Details:**

Dr Ditty Dokter  
School of Human and Life Sciences  
Roehampton University  
Whitelands College  
Holybourne Ave  
London  
SW15 4JD  
Tel: 0208 392 3807  
[d.dokter@roehampton.ac.uk](mailto:d.dokter@roehampton.ac.uk)

**Dean of School Contact Details:**

Michael Barham  
School of Human and Life Sciences  
Roehampton University  
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Holybourne Ave  
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Tel: 0208 392 3617  
[m.barham@roehampton.ac.uk](mailto:m.barham@roehampton.ac.uk)

**APPENDIX H: Participant Consent Form**



**PARTICIPANT CONSENT FORM**

**Title of Research Project:** An Exploration of Ways in Which Clinical Supervision Impacts Practice as an Experienced Counselling Psychologist.

**Brief Description of Research Project:**

The purpose of this study is to explore ways in which clinical supervision impacts the practice of experienced Counselling Psychologists. It addresses this question by asking participants to reflect on any experiences that they see as having helped or hindered their practice. Approximately 7 participants will each take part in a one hour interview which will be audio taped and transcribed.

**Confidentiality:**

I will take steps to ensure that your identity is completely anonymous and that your confidentiality is protected. However, you should be aware that although transcripts will be stripped of any details which might identify you, they may be read by examiners and segments may be included in the final write-up of the report which may be placed in the University library and submitted for publication.

In extremely rare circumstances and in line with BPS guidelines (2006), I am obliged to break confidentiality if it becomes evident that someone is at physical or psychological risk or if you disclose information that seriously questions your capacity to practice ethically.

**Withdrawal**

Taking part is entirely voluntary and you are free to refuse to answer questions or withdraw from the study without giving any reasons at any stage. To withdraw, you must email or telephone me stating your wish to withdraw and providing details of your ID number which you will have been given when you initially agreed to take part. Any data collected from you will promptly be removed from the study. If you withdraw after the analysis has been conducted, some of the essence of your reported experiences may have been absorbed into the broader analysis, but any specific quotes or examples from transcripts will be removed.



**APPENDIX H...cont'd**

**Investigator Contact Details:**

Lucy Kerr  
School of Human and Life Sciences  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD  
[lkerr@sky.com](mailto:lkerr@sky.com)  
0208 392 3611 / 07976 947 119

**Consent Statement:**

I agree to take part in this research, and am aware that I am free to withdraw at any point. I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.

Name .....

Signature .....

Date .....

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School (or if the researcher is a student you can also contact the Director of Studies.)

|  |  |
|--|--|
| <b>Director of Studies Contact Details:</b><br>Dr Ditty Dokter<br>School of Human and Life Sciences<br>Roehampton University<br>Whitelands College<br>Holybourne Ave<br>London<br>SW15 4JD<br>Tel: 0208 392 3807<br><a href="mailto:d.dokter@roehampton.ac.uk">d.dokter@roehampton.ac.uk</a> | <b>Dean of School Contact Details:</b><br>Michael Barham<br>School of Human and Life Sciences<br>Roehampton University<br>Whitelands College<br>Holybourne Ave<br>London<br>SW15 4JD<br>Tel: 0208 392 3617<br><a href="mailto:m.barham@roehampton.ac.uk">m.barham@roehampton.ac.uk</a> |
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**APPENDIX I: Interview Schedule**



**INTERVIEW SCHEDULE**

**Research Project Title:** An Exploration of Ways in Which Clinical Supervision Impacts Practice as an Experienced Counselling Psychologist

1. Please describe in your own words your understanding of the term 'Supervision'.
2. How, if at all, do you see your experience of supervision as having helped or hindered your practice?

Prompts:

*Impact on work with clients:*

How, if at all, has your experience of supervision impacted your work with clients?  
What impact, if any, has it had on your relationship with clients?

*Impact on therapist self development:*

How, if at all, has your experience of supervision impacted you as a therapist?

*Impact on understanding of process of therapy and theory:*

How, if at all, has your experience of supervision impacted your understanding of the process of therapy?

How, if at all, has your experience of supervision impacted your understanding of theoretical orientations in practice?

Following each question participants will be prompted to offer an example and given time to reflect on responses and add any further comments.

**APPENDIX J: Participant Debriefing Form**



**Participant Debriefing Form**

**Title of Research Project:** An Exploration of Ways in Which Clinical Supervision Impacts Practice as an Experienced Counselling Psychologist.

**Brief Description of Research Project:**

The purpose of this study is to explore ways in which clinical supervision impacts the practice of experienced Counselling Psychologists. It addresses this question by asking participants to reflect on any experiences that they see as having helped or hindered their practice. Approximately 7 participants will each take part in a one hour interview which will be taped and transcribed.

**Withdrawal**

Taking part is entirely voluntary and you are free to refuse to answer questions or withdraw from the study without giving any reasons at any stage. To withdraw, you must email or telephone me stating your wish to withdraw and providing details of your ID number which you will have been given when you initially agreed to take part. Any data collected from you will promptly be removed from the study. If you withdraw after the analysis has been conducted, some of the essence of your reported experiences may have been absorbed into the broader analysis, but any specific quotes or examples from transcripts will be removed.

Thank you very much for taking the time to participate in this research.

Please take a moment to consider whether there is anything that has come up as a result of taking part in this research and that you would like to discuss with me before we end for today.

I would like to remind you that your interview will only be used for the research purposes stated in the Participant Information Sheet, your anonymity will be protected and that your personal information will be stored securely.

#### APPENDIX J...cont'd

Should any issues/difficulties arise as a result of taking part in this research, please do not hesitate to contact me. In addition, may I suggest the following support services:

- Your personal therapist/ Your clinical supervisor (if applicable)
- The British Psychological Society (BPS) for a list of therapists and/or information on supervision (\*nb there is a charge for private therapy services)  
The British Psychological Society  
St Andrews House  
48 Princess Road East  
Leicester LE1 7DR  
Website: [www.bps.org.uk](http://www.bps.org.uk)  
Tel: +44 (0) 116 254 9568  
Email: [enquiries@bps.org.uk](mailto:enquiries@bps.org.uk)
- The British Association for Counselling and Psychotherapy (BACP) for a list of therapists (\*nb there is a charge for private therapy services)  
BACP House  
15 St John's Business Park  
Lutterworth LE17 4HB  
Website: [www.bacp.co.uk](http://www.bacp.co.uk)  
Tel: +44 (0) 1455 883 300
- The Samaritans for 24 hour free support  
08457 909090 / [www.samaritans.org](http://www.samaritans.org)

**This research is being conducted by:**

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**APPENDIX J...cont'd**

**and supervised by:**

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Tel: 0208 392 5788

Email: [j.cayne@roehampton.ac.uk](mailto:j.cayne@roehampton.ac.uk)

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However if you would like to contact an independent party please contact the Dean of School (or if the researcher is a student you can also contact the Director of Studies.)

| <b>Director of Studies Contact Details:</b>   | <b>Dean of School Contact Details:</b>   |
|---|--|
| Dr Ditty Dokter<br>School of Human and Life Sciences<br>Roehampton University<br>Whitelands College<br>Holybourne Ave<br>London<br>SW15 4JD<br>Tel: 0208 392 3807<br><a href="mailto:d.dokter@roehampton.ac.uk">d.dokter@roehampton.ac.uk</a> | Michael Barham<br>School of Human and Life Sciences<br>Roehampton University<br>Whitelands College<br>Holybourne Ave<br>London<br>SW15 4JD<br>Tel: 0208 392 3617<br><a href="mailto:m.barham@roehampton.ac.uk">m.barham@roehampton.ac.uk</a> |

**Declaration:**

I confirm that the interview was conducted in an ethical and professional manner and that I am happy for the research to proceed using my material.

Name of participant:

Signature:

Date:

Name of researcher:

Signature:

Date:

Ways in which clinical supervision impacts practice as an experienced Counselling Psychologist:  
An Interpretative Phenomenological Analysis

**APPENDIX K: Sample excerpt of IPA participant interview transcript**

| Emergent themes | Transcript A   | Exploratory Comments |
|-----------------|--|----------------------|
|                 | <p>R1: If I could start just by asking you to describe in your own words, um, your understanding of the term clinical supervision.</p> <p>P1: Um...Oh gosh. That's a difficult one. Because it's quite wide isn't it really. I think it's from my point of view it's about, um, having somewhere to be able to explore my work and think it through in more detail than I might do normally with somebody, um, who is trained to a certain level and for me I think it's quite helpful if they share my understanding of the work and how I work, um rather than somebody who's maybe trained in a completely different way or who works in a completely different way. I'm not saying that doesn't, that can't work, but I think it's important for them to have a sense of how I work and understand that. Um....somebody who can be there if I have an issue that feels quite serious and something I need to check out quite quickly. So that's important and somebody who I can access outside of our normal meeting times...um... As I said, that would only be really very very infrequently but just to know they are there um and for me it's um ...it's about... I think it's, it's different for different people...but I think for me it's about knowing it's somebody who has more expertise than I have. So I kind of... I use them as a sort of a teacher as well as a colleague I suppose. Whereas I know you don't... that shouldn't necessarily be so, but for me that's important and I use the time as a learning process as well as a checking out and an exploring process I think I try and take from it as well in a learning way.</p> <p>R2: Ok if I could ask you now, how if at all, not to assume it does, but how you see your experience of supervision as having helped or hindered your practice.</p> <p>P2: Um I think mostly it's helped. I think it's broadened the way I work certainly because I've had quite a mix of supervisors. I've had, um they've come from different directions really and um I mean having said that you know, it's mostly helpful when they've been trained or when they work in a similar model to someone I work within. Um I worked with somebody who was extremely psychodynamic in the way they worked for a couple of years I think it was at least...um who at first I found quite, not difficult to be with, but I didn't feel as at ease with because I think I wasn't sure whether I was in therapy (laughed) or I was being supervised at times.</p> <p>I kind of it was interesting because they used their transference and counter transference within the supervision. What was happening for us which was all part of the way they worked um and I got used to that and it was really helpful because it helped me it really helped me in my thinking. But it took me a while to settle into it I guess.</p> <p>Whereas I've worked with others who have been very person centred or very humanistic in the way they work and that's been different again. And I think it's mostly it's either... my supervision either validated the way I'm working or it has challenged me and brought new things in.</p> <p>I think the only times when it's been I'm trying to think when it's been difficult. I think when it hasn't always been quite so</p> |                      |



Ways in which clinical supervision impacts practice as an experienced Counselling Psychologist:  
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APPENDIX L: Sample of IPA Noting

45.01

overlapping themes of what helps/hinders.

Importance of "fit" \* understanding availability learning / challenging validation \*

different perspectives both a plus + a hindrance

difficulty transferring to therapy containment + context individual context Holding parent.

| Emergent themes     | Transcript A<br>45.01 minutes  | Exploratory Comments   |
|---------------------|--|--|
| exploration         | R1: If I could start just by asking you to describe in your own words, um, your understanding of the term clinical supervision.<br><br>P1: Um...Oh gosh. That's a <u>difficult</u> one. Because it's quite wide isn't it really. I think it's from my point of view it's about, um, having somewhere to be able to explore my work and <u>think it through</u> in more detail than I might do normally with somebody, um, who is <u>trained</u> to a certain level and for me I think it's quite helpful if they <u>share my understanding</u> of the work and how I work, um <u>rather than somebody who's maybe trained in a completely different way or who works in a completely different way</u> . I'm not saying that doesn't, that can't work, but I think it's important for them to have a sense of how I work and understand that. Um...somebody who can be <u>there</u> if I have an issue that feels quite serious and something I need to check out quite <u>quickly</u> . So that's important and somebody who I can <u>access</u> outside of our normal meeting times...um... As I said, that would only be really very very infrequently but just to know they are <u>there</u> um and for me it's um ...it's about... I think it's, it's different for different people...but I think for me it's about knowing it's <u>somebody who has more expertise than I have</u> . So I kind of... I use them as a sort of a <u>teacher</u> as well as a <u>colleague</u> I suppose. Whereas I know you don't... that shouldn't necessarily be so, but for me that's important and I use the time as a <u>learning process</u> as well as a <u>checking out</u> and an <u>exploring</u> process I think I try and take from it as well in a learning way. | difficult<br>explore / think things through<br>trained - understands<br>availability / speed<br>on-call<br>teacher + colleague<br>learning, checking out,<br>exploring - |
| role of supervision | R2: Ok if I could ask you now, how if at all, not to assume it does, but how if at all you see your experience of supervision as having helped or hindered your practice.<br><br>P2: Um I think mostly it's <u>helped</u> . I think it's <u>broadened the way I work</u> certainly because I've had quite a mix of supervisors. I've had, um they've come from different directions really and um I mean having said that you know, it's <u>mostly helpful</u> when they've been trained or when they work in a <u>similar model to someone I work within</u> . Um I worked with somebody who was extremely psychodynamic in the way they worked for a couple of years I think it was at least...um who at first I found quite, not difficult to be with, but I <u>didn't feel as at ease</u> with because I think I wasn't sure whether I was in therapy (laughed) or I was being supervised at times.  | helped<br>broadened way I work<br>similar model<br>importance of feeling<br>understood / understanding<br>comfortable  |
| validation          | kind of it was interesting because they used their transference and counter transference within the supervision. What was happening for us which was all part of the way they worked um and I <u>got used to that</u> and it was really <u>helpful</u> because it helped me it really <u>helped me in my thinking</u> . But it <u>took me a while to settle into it</u> I guess.   | validation<br>challenged meaning<br>new thinking   |
| challenge           | Whereas I've worked with others who have been very person centred or very humanistic in the way they work and that's been different again. And I think it's mostly it's either... my supervision either <u>validated the way I'm working</u> or it has <u>challenged me and brought new things in</u> .<br><br>I think the only times when it's been I'm trying to think when it's <u>been difficult</u> . I think when it hasn't always been quite so   |  |



Ways in which clinical supervision impacts practice as an experienced Counselling Psychologist:  
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APPENDIX M: Sample of IPA Emergent Themes from Transcript A and B

*Different way of thinking / Validation*

Transcript A: Themes

| Understanding of the term Clinical Supervision  |   |
|---|---|
| Difficult one, wide, exploration, thinking through, shared understanding, being there and available, more expertise, both teacher and colleague; learning, checking out and exploring.  |   |
| Helps   | Hinders   |
| <p>P2: Broadened understanding<br/>Shared understanding<br/>Validation<br/>Challenge<br/>P6: New ideas<br/>Different ways of thinking<br/>P8: More flexible/relaxed with clients<br/>Validation<br/>P9: supervisor's response to therapist helps relax therapist and in turn therapist more relaxed with client.<br/>Validating competence<br/>P10: Containment<br/>Confidence building<br/>P11: Importance of work context<br/>P14: importance of 'fit'<br/>P15: flexibility<br/>Containment<br/>Keeping boundaries<br/>Different view point<br/>Holding in mind different ways of thinking<br/>P18: Capacity of supervisor to think in different modalities even if closer to one<br/>P19: Difficult to explain what's helping – personal experience, relationship with supervisor, both. Importance of challenge<br/>P20 importance of challenge in peer supervision<br/>P21 Providing 'aha' moments through different way of thinking<br/>P22 thought provoking, stimulating,<br/>Growth<br/>P23 variation in supervision across supervisors – balance of edgy challenge and nurturing support<br/>New learning</p> | <p>P2: Lack of understanding<br/>Anxiety<br/>Difficulty translating into practice<br/>Lack of congruence or 'fit'<br/>P4: Feelings of failure if not able to translate into practice.<br/>P19: lack of challenge can lead to questions about why not being challenged</p> |
| <p>Reflections:<br/>Importance of <u>validation</u> for this client – a shared understanding. Use of language 'you' ...evidenced in interaction with researcher 'I don't know if you've experienced it....' p2....'I've heard other people saying very similar things you know' ....'feedback...more relaxed' p8<br/><i>Feeling challenged: Contradiction between what helps/hinders – different perspectives challenge but also grow.</i><br/><br/>Importance of <u>clinical experience</u> (p6) in relieving anxiety, building confidence. So experience can offset the potentially hindering impact of CS on practice. Less stressed if not putting supervision into practice – happier to hold ideas rather than to act on them.<br/><br/>Importance of <u>fit</u> in terms of shared understanding between therapist and supervisor; advice fits with therapist's ideas (congruence) and fit with client within particular context.</p>  |   |

*Insight*  
*Impact*  
*flexibility*  
*Insight*  
*Variation*  
*done*



# Ways in which clinical supervision impacts practice as an experienced Counselling Psychologist: An Interpretative Phenomenological Analysis

## APPENDIX M...cont'd

*emotional support*

**Transcript B: Themes**

| <b>Understanding of the term Clinical Supervision</b>   |   |
|---|---|
| Two aspects: <i>off-loading</i> for terrible cases – somewhere to take emotion – to normalize feelings – emotional support; <i>guidance</i> – input on cases, help with stuckness   |   |
| <b>Helps</b>  | <b>Hinders</b>  |
| <p><i>varied supervision</i></p> <p>P4: <u>Supportive aspect</u> – emotionally and contextually.</p> <p>Trust to expose emotions.</p> <p>Provides encouragement</p> <p>P5: importance of <u>work context</u></p> <p>P6: Group supervision – <u>support against context</u></p> <p>Empowerment, <u>support</u>, encouragement</p> <p><u>Restoring self-belief</u></p> <p>Cohesiveness/togetherness of group</p> <p>P8: importance of context – supervision playing more of a supportive role in <u>high trauma contexts</u></p> <p>Get emotions off chest – cry</p> <p>P9: variation in supervision – different modalities providing different aspects</p> <p>CBT supervision – direction, how to work with clients</p> <p>Grp supervision – support, letting go of emotions</p> <p>P10: Academic supervision – theoretical / grp – emotional</p> <p>Select what presented to supervisor</p> <p>P11: linking theory to practice</p> <p>P12: focus the work and inform the techniques e.g. CBT</p> <p>P19 Having different outlets for different material through <u>multiple supervisors</u></p> <p>P22: Different perspectives enhance learning</p> <p>Parallel process in supervision</p> <p>P23: Benefit of different orientations – <u>different possibilities</u> or ways of understanding</p> <p>P27: Helps reflection on therapist's process during therapy</p> <p>Someone else pointing out what's going on – shedding light on process</p> <p>Relief</p> <p>P29 getting unstuck</p> <p>P31 can provide hope – unstuck – shed light – move things on</p> <p>P32 return from techniques to exploration</p> <p>P35 offer practical tips to cope with difficult situations</p> <p>P36 with more experience, it's the <u>practical tips</u> that are most <u>helpful</u></p> <p>Helping deal with new situations outside realm of experience</p> <p>P38 importance of supervision in context</p> <p>P41 putting a new perspective on a difficult situation/clarifying/take learning forward to next situation</p> <p>P43: what helps changes depending on <u>experience</u> and <u>context</u></p> <p>Was about confidence building, now more about practical tips</p> <p>P46: experience impacts what is brought to supervision; how supervision is used</p> <p>P50: provides confidence to stay in line of work</p> <p>Impacts how you treat your own supervisees *</p> <p><i>flexibility</i></p> <p><i>Impact on practice</i></p> <p><i>learning</i></p> <p><i>Impact</i></p> | <p>P13 make work technique focussed and lose person-centred side of things / lose exploration <i>rigidity</i></p> <p>Lack of safety inhibits what's brought to supervision p17</p> <p>P50 potentially without supervision would have left job</p> |
| <p>Reflections:</p> <p>Different aspects of what helps in practice drawn from different contexts of supervision – together provide a whole. Part and whole dynamic</p> <p>Importance of sense of <i>safety</i> in determining what's brought to supervision – different aspects brought to different supervisors (p17)</p> <p>Here p is saying that supervision can move her away from technique and back to exploration – last p was the other way around.</p> <p>Importance of experience in determining what helps....changes over time.</p>   |   |

**APPENDIX N: IPA Clustered Themes (snapshot from during analysis – not final)**

**Factors which Help**

***Sub-theme: Learning***

Challenge

‘Light’ – new ways of thinking – adopted or made conscious

Practical tips/advice (taping segments; boundaries)

Self-understanding

Variation - within and across supervisory experiences

Relevant to context B(43)

Linking theory to practice

***Sub-theme: Emotional Support***

Off-loading

Validation

Safety

Building confidence

Containing, listening, empathizing

Hope

Feel understood C(5)

Respect – supervisor and be respected C(5)

Trust – trust supervisor, be trusted by supervisor, trust self

***Sub-theme: Attitude & Experience***

B(36;46)

Flexibility

Curiosity

Non-threatening

**Factors which Hinder**

***Sub-theme: Power***

***Sub-theme: Rigidity of approach/context***

Contradictions in approach across and in room

Real or perceived incompetence of supervisor

**Impact on Practice:**

***Sub-theme: Client work***

Better Understanding

More relaxed

Shift stuckness

Enhanced competence/confidence in the room

***Sub-theme: Professional work***

Supervise others B(50)

Impact on career B(49)

Disclosure in supervision